

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only

STD. 400 (REV. 01-2003)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-1112-02	REGULATORY ACTION NUMBER 2014-0401-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (If any)
ORD# 0513-05

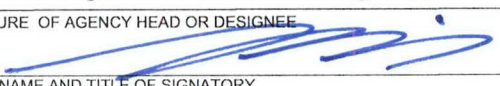
A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER	PUBLICATION DATE

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) CalWORKs Non-Minor Dependents		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-0920-07E	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT	
TITLE(S) MPP		AMEND 40-105; 42-422; 82-504	
3. TYPE OF FILING		REPEAL	
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmission of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b)) ☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmission of disapproved or withdrawn emergency filing (Gov. Code, §11346.1) ☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____ ☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs., title 1, §44 and Gov. Code §11347.1)			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☒ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez		TELEPHONE NUMBER (916) 657-2586	FAX NUMBER (Optional) (916) 654-3286
		E-MAIL ADDRESS (Optional) zaid.dominguez@dss.ca.gov	

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE

TYPED NAME AND TITLE OF SIGNATORY
PETE CERVINKA, PROGRAM DEPUTY DIRECTOR for BENEFITS & SERVICES

DATE
3/19/2014

For use by Office of Administrative Law (OAL) only

ENDORSED APPROVED

APR 23 2014

Office of Administrative Law

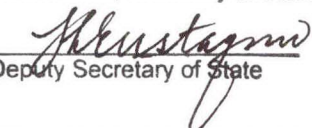
CERT

ORIGINAL

FILED

in the office of the Secretary of State of the State of California

APR 23 2014

At 2:31 O'Clock P M.
DEBRA BOWEN, Secretary of StateBy 
Deputy Secretary of State

Amend Section 40-105.3 to read:

40-105 APPLICANT AND RECIPIENT RESPONSIBILITY (Continued)

40-105

.3 Statewide Fingerprint Imaging System (SFIS) Requirements

.31 (Continued)

.32 (Continued)

.33 The following persons are exempted from the rule in Section 40-105.32:

.331 (Continued)

.332 (Continued)

.333 Non-minor dependents are exempt from providing fingerprint and photo images as long as they meet the non-minor dependent eligibility criteria and continue to be aided as a non-minor dependent in the CalWORKs program.

.34 (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, 11253.5, 11265.2, 11265.3, 11265.8, 11266, 11268, 11450.5, and 11486, Welfare and Institutions Code, SB 72 (Chapter 8, Section 42, Statutes of 2011), AB 1712 (Chapter 846, Section 34, Statutes of 2012).

Reference: Sections 10553, 10554, 10604, 11017, 11209, 11253(b)(2), 11253.5, 11265.3, 11265.8, 11266, 11268, 11450, 11451.5, 11453, 11486, 13283, 14005.2, and 18945, Welfare and Institutions Code; Section 48200, Education Code; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 233.10(a)(1)(iv) and 235.112(b); 45 CFR 400.43; 7 CFR 273.16(b); 8 United States Code (USC) 1182(d)(5)(B); 42 U.S.C. 402(a)(6) and 616(b); and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; The Trafficking Victims Protection Act of 2000 (P.L. 106-386), Sections 107(b)(1)(A), (B), and (C); The Trafficking Victims Protection Reauthorization Act of 2003 (Public Law 108-193).

Amend Section 42-422 to read:

42-422 CALIFORNIA RECIPIENTS MOVING TO OTHER STATES

42-422

- .1 Recipients of categorical aid from California who move to another state and intend to make their homes there shall have aid discontinued from California immediately upon having aid granted by the other state.
- .2 Exemptions from the residency requirement in 42-422.1 are as follows:
 - .21 A non-minor dependent placed with an approved relative who resides out-of-state.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11100 and 11253(c), Welfare and Institutions Code.

Amend Section 82-504.1 to read:

82-504 ASSISTANCE UNITS SUBJECT TO THE PROVISIONS
OF THE CHILD SUPPORT ENFORCEMENT PROGRAM

82-504

- .1 Applicability All assistance units (AUs) are subject to the provisions of the Child Support Enforcement Program and the requirements of this section except those in which:
 - .11 (Continued)
 - .12 (Continued)
 - .13 Paternity Established Both unmarried parents are living in the home and paternity has been legally established, or
 - .14 Non-minor Dependent (NMD)
 - .141 The supported child for whom support would be owed is a NMD and has reached age 19, or
 - .142 The parent with a duty to support is a NMD and resides with his/her child in foster care.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11476, Welfare and Institutions Code; and Sections 17552(e) and 17552(f), Family Code.

NOTICE PUBLICATION/REGULATIONS SUBMISSION

(See instructions on reverse)

For use by Secretary of State only.

STD. 400 (REV. 01-2013)

OAL FILE NUMBERS	NOTICE FILE NUMBER Z-2013-0705-01	REGULATORY ACTION NUMBER 2014-0501-01C	EMERGENCY NUMBER
For use by Office of Administrative Law (OAL) only			
NOTICE		REGULATIONS	

FILED
in the office of the Secretary of State
of the State of California

JUN 13 2014

At 3:50 O'Clock P M.
DEBRA BOWEN, Secretary of State

By [Signature]
Deputy Secretary of State

AGENCY WITH RULEMAKING AUTHORITY
California Department of Social Services

AGENCY FILE NUMBER (If any)
ORD #0513-04

A. PUBLICATION OF NOTICE (Complete for publication in Notice Register)

1. SUBJECT OF NOTICE		TITLE(S)	FIRST SECTION AFFECTED	2. REQUESTED PUBLICATION DATE
3. NOTICE TYPE ☐ Notice re Proposed Regulatory Action ☐ Other		4. AGENCY CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER (Optional)
OAL USE ONLY	ACTION ON PROPOSED NOTICE ☐ Approved as Submitted ☐ Approved as Modified ☐ Disapproved/Withdrawn		NOTICE REGISTER NUMBER 2013,292	PUBLICATION DATE 7/19/2013

B. SUBMISSION OF REGULATIONS (Complete when submitting regulations)

1a. SUBJECT OF REGULATION(S) Semi-Annual Reporting (SAR) in the CalWORKs Program		1b. ALL PREVIOUS RELATED OAL REGULATORY ACTION NUMBER(S) 2013-0620-07EFP and 2013-1218-02EFP	
2. SPECIFY CALIFORNIA CODE OF REGULATIONS TITLE(S) AND SECTION(S) (Including title 26, if toxics related)			
SECTION(S) AFFECTED (List all section number(s) individually. Attach additional sheet if needed.)		ADOPT See attachment	
		AMEND See attachment	
TITLE(S) MPP		REPEAL See attachment	
3. TYPE OF FILING			
☐ Regular Rulemaking (Gov. Code §11346) ☐ Resubmittal of disapproved or withdrawn nonemergency filing (Gov. Code §§11349.3, 11349.4) ☐ Emergency (Gov. Code, §11346.1(b))			
☒ Certificate of Compliance: The agency officer named below certifies that this agency complied with the provisions of Gov. Code §§11346.2-11347.3 either before the emergency regulation was adopted or within the time period required by statute. ☐ Resubmittal of disapproved or withdrawn emergency filing (Gov. Code, §11346.1)			
☐ Emergency Readopt (Gov. Code, §11346.1(h)) ☐ File & Print ☐ Other (Specify) _____			
☐ Changes Without Regulatory Effect (Cal. Code Regs., title 1, §100) ☐ Print Only			
4. ALL BEGINNING AND ENDING DATES OF AVAILABILITY OF MODIFIED REGULATIONS AND/OR MATERIAL ADDED TO THE RULEMAKING FILE (Cal. Code Regs. title 1, §44 and Gov. Code §11347.1) March 12 - 27, 2014			
5. EFFECTIVE DATE OF CHANGES (Gov. Code, §§ 11343.4, 11346.1(d); Cal. Code Regs., title 1, §100)			
☐ Effective January 1, April 1, July 1, or October 1 (Gov. Code §11343.4(a)) ☒ Effective on filing with Secretary of State ☐ §100 Changes Without Regulatory Effect ☐ Effective other (Specify) _____			
6. CHECK IF THESE REGULATIONS REQUIRE NOTICE TO, OR REVIEW, CONSULTATION, APPROVAL OR CONCURRENCE BY, ANOTHER AGENCY OR ENTITY			
☒ Department of Finance (Form STD. 399) (SAM §6660) ☐ Fair Political Practices Commission ☐ State Fire Marshal ☐ Other (Specify) _____			
7. CONTACT PERSON Zaid Dominguez, Manager, Office of Regulations		TELEPHONE NUMBER (916) 651-8267	FAX NUMBER (Optional) E-MAIL ADDRESS (Optional) Zaid.Dominguez@dss.ca.gov

8. I certify that the attached copy of the regulation(s) is a true and correct copy of the regulation(s) identified on this form, that the information specified on this form is true and correct, and that I am the head of the agency taking this action, or a designee of the head of the agency, and am authorized to make this certification.

SIGNATURE OF AGENCY HEAD OR DESIGNEE
[Signature]
TYPED NAME AND TITLE OF SIGNATORY
Pete Cervinka, Program Deputy Director for Benefits and Services

DATE
4/28/2014

For use by Office of Administrative Law (OAL) only

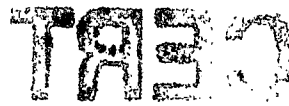
ENDORSED APPROVED

JUN 13 2014

Office of Administrative Law

NOTICE PUBLICATION/REGULATIONS SUBMISSION

STD. 400 (REV. 01-2013) (REVERSE)



INSTRUCTIONS FOR PUBLICATION OF NOTICE AND SUBMISSION OF REGULATIONS

Use the form STD. 400 for submitting notices for publication and regulations for Office of Administrative Law (OAL) review.

ALL FILINGS

Enter the name of the agency with the rulemaking authority and agency's file number, if any.

NOTICES

Complete Part A when submitting a notice to OAL for publication in the California Regulatory Notice Register. Submit two (2) copies of the STD. 400 with four (4) copies of the notice and, if a notice of proposed regulatory action, one copy each of the complete text of the regulations and the statement of reasons. Upon receipt of the notice, OAL will place a number in the box marked "Notice File Number." If the notice is approved, OAL will return the STD. 400 with a copy of the notice and will check "Approved as Submitted" or "Approved as Modified." If the notice is disapproved or withdrawn, that will also be indicated in the space marked "Action on Proposed Notice." Please submit a new form STD. 400 when resubmitting the notice.

REGULATIONS

When submitting regulations to OAL for review, fill out STD. 400, Part B. Use the form that was previously submitted with the notice of proposed regulatory action which contains the "Notice File Number" assigned, or, if a new STD. 400 is used, please include the previously assigned number in the box marked "Notice File Number." In filling out Part B, be sure to complete the certification including the date signed, the title and typed name of the signatory. The following must be submitted when filing regulations: seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification) and the complete rulemaking file with index and sworn statement. (See Gov. Code § 11347.3 for rulemaking file contents.)

RESUBMITTAL OF DISAPPROVED OR WITHDRAWN REGULATIONS

When resubmitting previously disapproved or withdrawn regulations to OAL for review, use a new STD. 400 and fill out Part B, including the signed certification. Enter the OAL file number(s) of all previously disapproved or withdrawn filings in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). Submit seven (7) copies of the regulation to OAL with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). Be sure to include an index, sworn statement, and (if returned to the agency) the complete rulemaking file. (See Gov. Code §§ 11349.4 and 11347.3 for more specific requirements.)

EMERGENCY REGULATIONS

Fill out only Part B, including the signed certification, and submit seven (7) copies of the regulations with a copy of the STD. 400 attached to the front of each (one copy must bear an original signature on the certification). (See Gov. Code §11346.1 for other requirements.)

NOTICE FOLLOWING EMERGENCY ACTION

When submitting a notice of proposed regulatory action after an emergency filing, use a new STD. 400 and complete Part A and insert the OAL file number(s) for the original emergency filing(s) in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B). OAL will return the STD. 400 with the notice upon approval or disapproval. If the notice is disapproved, please fill out a new form when resubmitting for publication.

CERTIFICATE OF COMPLIANCE

When filing the certificate of compliance for emergency regulations, fill out Part B, including the signed certification, on the form that was previously submitted with the notice. If a new STD. 400 is used, fill in Part B including the signed certification, and enter the previously assigned notice file number in the box marked "Notice File Number" at the top of the form. The materials indicated in these instructions for "REGULATIONS" must also be submitted.

EMERGENCY REGULATIONS - READOPTION

When submitting previously approved emergency regulations for re adoption, use a new STD. 400 and fill out Part B, including the signed certification, and insert the OAL file number(s) related to the original emergency filing in the box marked "All Previous Related OAL Regulatory Action Number(s)" (box 1b. of Part B).

CHANGES WITHOUT REGULATORY EFFECT

When submitting changes without regulatory effect pursuant to California Code of Regulations, Title 1, section 100, complete Part B, including marking the appropriate box in both B.3. and B.5.

ABBREVIATIONS

Cal. Code Regs. - California Code of Regulations
Gov. Code - Government Code
SAM - State Administrative Manual

For questions regarding this form or the procedure for filing notices or submitting regulations to OAL for review, please contact the Office of Administrative Law Reference Attorney at (916) 323-6815.

Notice Publication/Regulations Submission, STD. 400
California Department of Social Services
Semi-Annual Reporting (SAR) in the CalWORKs Program (ORD #0513-04)
Section B.2. Specify California Code of Regulations Title(s) and Section(s):

Manual of Policies and Procedures (MPP)

Adopt Section 40-038

Amend Sections:

22-071	41-405	44-115	44-340
22-072	42-209	44-133	44-350
22-305	42-213	44-205	44-352
40-036	42-221	44-207	47-220
40-103	42-302	44-211	47-320
40-105	42-406	44-304	48-001
40-107	42-407	44-305	80-301
40-119	42-716	44-313	80-310
40-125	42-721	44-314	82-612
40-128	42-751	44-315	82-812
40-131	42-769	44-316	82-820
40-173	44-101	44-317	82-824
40-181	44-102	44-318	82-832
40-188	44-111	44-325	89-110
40-190	44-113	44-327	89-201

Repeal Sections:

44-400	44-402
44-401	44-403

Amend Section 22-071 to read:

22-071 ADEQUATE NOTICE

22-071

- .1 Except as provided in Section 22-071.2, the county shall give the claimant adequate notice as defined in Section 22-001(a)(1) in the following instances: (Continued)
- .12 For CalWORKs and CalFresh cases, Section 22-071.12(QR) shall become inoperative and Section 22-071.12(SAR) shall become operative in a county on the date Semi-Annual Reporting (SAR) becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) For CalWORKs and Food Stamp cases, when aid is denied, decreased, not changed following a recipient mid-quarter report, cancelled, or discontinued. When aid is not changed due to a voluntary recipient mid-quarter report, the notice shall be sent as soon as administratively possible but no later than thirty days from the date the voluntary report is made.
- (SAR) For CalWORKs and CalFresh cases, when aid is denied, decreased, not changed following a recipient mid-period report, cancelled, or discontinued. When aid is not changed due to a voluntary recipient mid-period report, the notice shall be sent as soon as administratively possible, but no later than thirty days from the date the voluntary report is made.
- .13 For all cases other than CalWORKs and CalFresh cases, when aid is denied, decreased, suspended, cancelled, discontinued, or terminated. (Continued)
- .14 When the county demands repayment of an overpayment or a CalFresh overissuance. (Continued)
- .16 When a CalFresh application is pended (see Section 63-504.24). (Continued)
- .2 The adequate notice requirement is not applicable to certain actions involving Social Services (Division 30) and CalFresh (MPP Section 63-504.266). (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10613, 11209, 11265.1, 11265.2, and 11265.3, Welfare and Institutions Code; and 45 CFR 255.4(j)(1) and 256.4(b).

Amend Section 22-072 to read:

22-072 TIMELY NOTICE - AID PENDING HEARING

22-072

- .1 Except as provided below, in all instances where the county action would result in a discontinuance, termination, suspension, cancellation, or decrease of aid, or in a change in the manner or form of payment to a protective or vendor payment, the county shall mail timely and adequate notice as defined in Sections 22-001a.(1) and 22-001t.(1) to the persons affected. (Continued)
- .12 In the CalFresh Program the provisions of Section 22-072 shall be limited and modified by Sections 63-504.266, .267, and 63-804.6. (Continued)
- .2 Timely notice shall not be required in the following instances, although the county shall send adequate notice no later than the effective date of the action: (Continued)
- (j) Reserved
- (k) (Continued)
- (l) Section 22-072.2(l)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) For CalWORKs and Food Stamp cases, the county determines there will be no change in a recipient's cash aid as a result of a recipient mid-quarter report.
- (SAR) For CalWORKs and CalFresh cases, the county determines there will be no change in a recipient's cash aid as a result of a recipient mid-period report. (Continued)
- .5 Except as provided in Sections 22-054.1 and 22-072.7, when the claimant files a request for a state hearing prior to the effective date of the Notice of Action, which is subject to Section 22-072.1, aid shall be continued in the amount that the claimant would have been paid if the proposed action were not to be taken, provided the claimant does not voluntarily and knowingly waive aid. This section shall not apply to CalWORKs (Welfare to Work) supportive services payments (see Section 42-750.213). In the CalFresh Program, benefits shall be continued on the basis authorized immediately prior to the notice of adverse action. (Continued)
- .52 If the notice proposing action is required to be timely and is not, the hearing request shall be required to be filed before the next date on which the proposed action could become effective based on timely notice. (Continued)

.522 In the CalFresh Program if a recipient fails to file a hearing request before the effective date of the proposed action, aid pending is appropriate provided the recipient establishes good cause with the State Hearings Division or the Administrative Law Judge (see Section 63-804.613). (Continued)

.6 Aid pending shall cease when: (Continued)

.64 The claimant is granted a postponement of the hearing by the Administrative Law Judge at the hearing for a reason that does not constitute good cause as specified in Section 22-053.113.

.641 This provision shall not apply to a first time postponement in the CalFresh Program.

.65 In the CalFresh Program, the certification period expires (see Section 63-804.642(a)). (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10613, 11209, and 11265.1, Welfare and Institutions Code; 7 CFR 273.15(c)(4); 45 CFR 205.10; 45 CFR 255.2(h)(2); 45 CFR 256.2(c); and 45 CFR 256.4(d).

Amend Section 20-305 to read:

22-305 GENERAL PROVISIONS (Continued)

22-305

.4 Definitions

The definitions in Section 22-001 shall apply unless they are specifically provided for in this chapter. The following additional definitions, in alphabetical order, shall apply wherever the terms are used in this chapter: (Continued)

.42 Intentional Program Violation (IPV) – Means an action by an individual, for the purpose of establishing or maintaining the family's eligibility for CalWORKs or for increasing or preventing a reduction in the amount of the grant, which is intentionally:

.421 A false or misleading statement or misrepresentation, concealment, or withholding of facts, or

.422 Any act intended to mislead, misrepresent, conceal, or withhold facts or propound a falsity.

HANDBOOK BEGINS HERE

(a) Handbook Section 22-305.422(a)(QR) et seq. shall become inoperative and Handbook Section 22-305.422(a)(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

To determine what constitutes an IPV, CDSS recognizes a distinction in the following:

(1) Intentional concealment or willful misrepresentation which may result in an IPV.

(QR) EXAMPLE: In completing the Quarterly Eligibility Report (QR 7), respondent checks the box indicating the family has no income. Respondent also checks box indicating that no one had started employment in the QR 7 Reporting Period. County evidence indicates respondent did start work during the QR Data Month, but it was reported that no one had started work. Respondent also did receive earnings in each of the months under review.

(SAR) EXAMPLE: In completing the Semi-Annual Eligibility Report (SAR 7), respondent reports that the family has no income. Respondent also states that no one had started employment in the SAR 7 Reporting Period.

County evidence indicates respondent did start work during the SAR Data Month, but it was reported that no one had started work. Respondent also did receive earnings in each of the months under review.

- (2) Incorrect representation, negligence, or omissions because of a mistake or a lack of understanding of eligibility requirements which do not result in an IPV.

(QR) EXAMPLE: Respondent reports on the QR 7 that he/she began employment the last week of the Data Month, and that he/she will be paid every two weeks. Respondent completes a subsequent QR 7 and checks the "No" box for income received in the month.

(SAR) EXAMPLE: Respondent reports on the SAWS 2 that he/she began employment the last week of the fifth month of the SAR Payment Period and that he/she will be paid every two weeks. Respondent completes the subsequent SAR 7 and reports that they did not receive any income in the Data Month.

- (3) The CWD's omission, neglect, or error in explaining requirements for assistance or in processing information, which does not result in an IPV.

(QR) EXAMPLE: Respondent completes QR 7 without answering question relating to household's receipt of income during the Data Month. Respondent does this for two quarters and the county fails to return the QR 7 as incomplete. Evidence establishes respondent had income during the Data Month.

(SAR) EXAMPLE: Respondent completes the SAR 7 without answering the question relating to household's receipt of income during the Data Month. The county fails to return the SAR 7 as incomplete. Evidence establishes respondent had income during the Data Month.

HANDBOOK ENDS HERE

.43 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11265.2, and 11265.3, Welfare and Institutions Code; and 45 CFR 235.112(b) and .113(b)(2).

Amend Section 40-036 to read:

Post-Hearing: Amend Section 40-036.3 to read:

40-036 IMPLEMENTATION OF QUARTERLY REPORTING PROSPECTIVE 40-036
BUDGETING FOR CalWORKs RECIPIENTS (Continued)

- .3 QR/PB regulations will no longer be operative upon the date that Semi-Annual Reporting (SAR) becomes effective in that county, pursuant to the County's SAR Declaration (see Section 40-0378).

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; Section 71, Assembly Bill (AB) 444 (Chapter 1022, Statutes of 2002), as amended by Section 3, AB 1402 (Chapter 398, Statutes of 2003); and AB 6 (Chapter 501, Statutes of 2011).

Reference: Sections 11265.1, 11265.2, and 11265.3, Welfare and Institutions Code; Section 70, AB 444 (Chapter 1022, Statutes of 2002); Section 71, AB 444 (Chapter 1022, Statutes of 2002), as amended by Section 3, AB 1402 (Chapter 398, Statutes of 2003); and AB 6 (Chapter 501, Statutes of 2011).

Adopt Section 40-038 to read:

40-038 IMPLEMENTATION OF SEMI-ANNUAL REPORTING FOR
CalWORKs RECIPIENTS

40-038

.1 Effective Date

All regulatory action implementing the provisions of Semi-Annual Reporting (SAR) as authorized by Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011), shall become effective for recipient cases upon semi-annual reporting becoming operative in the county in which they reside pursuant to the County's SAR Declaration. The SAR Declaration is a letter submitted from the County Welfare Department Director to the Director of CDSS confirming SAR implementation in that county. Counties must implement semi-annual reporting as early as April 2013 and no later than October 2013. Semi-annual reporting regulations include a unique regulation design which includes a tandem format for the operation of both quarterly and semi-annual reporting systems to account for the staggered implementation dates. Regulations that become obsolete under Semi-Annual Reporting are labeled as (QR). Regulations that are operative under Semi-Annual Reporting are labeled (SAR). Regulations not labeled are applicable to both reporting systems and therefore remain unchanged. In addition, each regulation impacted by SAR includes a disclaimer stating SAR regulations will replace the QR regulations once SAR is implemented by the county.

.2 Divisions Impacted by
Semi-Annual Reporting

Division 22, 40, 41, 42, 44, 47, 48, 80, 82, and 89.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; Assembly Bill (AB) 6 (Chapter 501, Statutes of 2011).

Reference: Sections 11265.1, 11265.2, and 11265.3, Welfare and Institutions Code as amended by AB 6 (Chapter 501, Statutes of 2011).

Amend Section 40-103 to read:

40-103 DEFINITIONS AND DESIGNATIONS – GENERAL (Continued) 40-103

.5 Section 40-103.5(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Quarterly Reporting Cycle – The quarterly reporting (QR) cycle is comprised of three consecutive months which constitute a QR Payment Quarter. The following terminology is used to describe the months and the quarter of an individual QR cycle:

(SAR) Semi-Annual Reporting Cycle – The semi-annual reporting (SAR) cycle is comprised of six consecutive months which constitute a SAR Payment Period. The following terminology is used to describe the months and the period of an individual SAR cycle:

(QR) .51 QR Payment Quarter – the quarter for which cash aid is paid/issued. A quarter is comprised of three consecutive calendar months. The QR Payment Quarter begins the first day immediately following the QR Submit Month.

(SAR) .51 SAR Payment Period – the six month period for which cash aid is paid/issued. A SAR Payment Period is comprised of six consecutive calendar months. The SAR Payment Period begins the first day following the SAR Submit Month. The SAR Payment Period can be the six months following the submittal of the SAR 7 or the completion of the SAWS 2.

(QR) .52 Next QR Payment Quarter – the quarter immediately following the QR Submit Month.

(SAR) .52 Next SAR Payment Period – the SAR Payment Period immediately following the SAR Submit Month.

(QR) .53 QR Data Month – the month for which the recipient reports all information necessary to determine eligibility. The QR Data Month is the second month of each QR Payment Quarter.

(SAR) .53 SAR Data Month – the month for which the recipient reports all information necessary to determine eligibility on either the SAR 7 or the SAWS 2. The SAR Data Month is the fifth month of each SAR Payment Period. Only information from the Data Month and any known changes must be reported on the SAR 7; however, all available information must be included on the SAWS 2.

(QR) .54 QR Submit Month – the month in which the QR 7 is required to be submitted to the county. The QR Submit Month immediately follows the QR Data Month and is the third month of each QR Payment Quarter.

(SAR) .54 SAR Submit Month – the month in which the SAR 7 or the annual redetermination of eligibility is required to be completed and submitted to the county. The SAR Submit Month immediately follows the SAR Data Month and is the sixth month of each SAR Payment Period.

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(QR) The following table illustrates how months are arranged in a QR cycle.

1 st Quarter			2 nd Quarter		
January	February	March	April	May	June
	QR Data Month	QR Submit Month	QR Payment Quarter		

(SAR) The following table illustrates how months are arranged in a SAR cycle. Note that the SAR cycles are based on the Beginning Date of Aid (BDA) in order to ensure the SAR cycle is aligned with the redetermination/recertification date.

First SAR Payment Period					
January BDA	February	March	April	May	June
SAR Payment Period Begins	Month 2	Month 3	Month 4	SAR Data Month	SAR Submit Month/ SAR 7 is due

Second SAR Payment Period					
July	August	September	October	November	December
SAR Payment Period Begins	Month 2	Month 3	Month 4	SAR Data Month	SAR Submit Month/ RD/RC is due

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(QR) .55 QR 7 Reporting Period – The QR Data Month and the two preceding months.

(SAR) .55 SAR Reporting Period – The SAR Data Month and the five preceding months. The SAR Reporting Period generally refers to the period of time since the last mandatory report (SAR 7 or SAWS 2) was completed. (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11056, and 11265.1, Welfare and Institutions Code; and 45 CFR 206.10(a)(1)(ii).

Amend Section 40-105 to read:

40-105 APPLICANT AND RECIPIENT RESPONSIBILITY

40-105

.1 Assuming Responsibility Within His/Her Capabilities (Continued)

.14 Section 40-105.14(QR) shall become inoperative and Section 40-105.14(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Applicants shall report within five calendar days of the occurrence, any change in any of these facts (see Section 40-181.1(e)(1)(QR)) and recipients shall report within ten calendar days of the occurrence, any change required to be reported during the quarter (see Section 44-316(QR)).

(SAR) Applicants shall report within five calendar days of the occurrence, any change in any of these facts (see Section 40-181.1(e)(1)(SAR)) and recipients shall report within ten calendar days of the occurrence, any change required to be reported during the semi-annual period (see Section 44-316(SAR)). (Continued)

.2 Social Security Number (SSN) (Continued)

.22 Verification of a completed SSN application on behalf of a newborn child(ren) to be added to the AU shall be submitted to the county no later than the last day of the month following the month in which the mother is released from the hospital.

.221 When a newborn child has been enumerated at birth, Form SSA 2853 is acceptable proof of application if it contains the name of the newborn, as well as the date and signature of an authorized hospital official.

(a) The SSN shall be furnished to the county within six months after receipt of the number or at redetermination, whichever occurs first.

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.222 (a) Example: Mother was discharged from the hospital on February 15, she has through March 31 to apply for an SSN for the newborn and submit verification of a completed application.

(b) Example: Mother gave birth on May 8, but was not released from the hospital until May 20. She reported the birth of the child in May requesting that the child be added to her grant. The time period to apply for an SSN for the child and submit verification of a completed application to the county begins on May 21 and ends on June 30. (Continued)

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- .25 As a condition of eligibility, applicants for and recipients of CalWORKs shall cooperate in resolving any discrepancies regarding SSNs, such as discrepancies arising from a cross-check of agency SSN files with those of the SSA. When there is a failure to cooperate, aid shall be denied or discontinued only for the member(s) of the AU whose SSN(s) is in question. (Continued)

.4 Immunization Requirements (Continued)

- (h) Section 40-105.4(h)(QR) shall become inoperative and Section 40-105.4(h)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

Restoration of Aid

- (QR) Once verification of immunization is submitted the grant is increased to reflect the needs of the parent(s)/caretaker relative effective the first of the month following the month in which verification is received (see Section 44-316.331(d)(QR)).
- (SAR) Once verification of immunization is submitted the grant is increased to reflect the needs of the parent(s)/caretaker relative effective the first of the month following the month in which verification is received (see Section 44-316.331(d)(SAR)). (Continued)

.5 School Attendance Requirements (Continued)

- (g) Section 40-105.5(g)(QR) shall become inoperative and Section 40-105.5(g)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

Restoration of Aid

- (QR) The needs of the parent(s)/caretaker relative or child(ren) shall be restored effective the first of the month following the month in which verification of regular school attendance is received (See Section 44-316.331(d)(QR)).
- (SAR) The needs of the parent(s)/caretaker relative or child(ren) shall be restored effective the first of the month following the month in which verification of regular school attendance is received (See Section 44-316.331(d)(SAR)).

Authority cited: Sections 10553, 10554, 10604, 11209, 11253.5, 11265.2, 11265.3, 11265.8, 11266, 11268, 11450.5, and 11486, Welfare and Institutions Code, SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 10604, 11017, 11209, 11253.5, 11265.3, 11265.8, 11266, 11268, 11450, 11451.5, 11453, 11486, 13283, 14005.2, and 18945, Welfare and Institutions Code; Section 48200, Education Code; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 233.10(a)(1)(iv) and 235.112(b); 45 CFR 400.43; 7 CFR 273.16(b); 8 United States Code (USC) 1182(d)(5)(B); 42 U.S.C. 402(a)(6) and 616(b); and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; The Trafficking Victims Protection Act of 2000 (P.L. 106-386), Sections 107(b)(1)(A), (B), and (C); The Trafficking Victims Protection Reauthorization Act of 2003 (Public Law 108-193).

Amend Section 40-107 to read:

40-107 COUNTY RESPONSIBILITY

40-107

(a) Assisting the Applicant (Continued)

(3) Reserved

(4) (Continued)

(6) Applicants shall be informed:

(A) that they may apply for CalFresh at the same time as they apply for CalWORKs.

(B) that, if they apply for CalFresh at the same time as they apply for CalWORKs, they have the right to file a joint application and shall have a single interview for both programs.

(C) in written form, and orally as appropriate, of the CalWORKs and CalFresh programs, explaining the rules regarding eligibility and benefits available from both programs, and that the application interview for CalWORKs is sufficient for applying for CalFresh. (Continued)

(d) Grant Determination

Once the applicant's eligibility is established, the county is responsible for determining the applicant's financial and medical needs. The county is further responsible for developing and carrying out plans for meeting such needs within the limitations of the W&IC, the Regulations of the California Department of Social Services and the Department of Health Care Services. (Continued)

(f) Provision of Informational Materials

(1) Informational materials required by CDSS shall either be given to applicants during the application interview or mailed with Notice of Action forms approving or restoring CalWORKs grants or Certifications for Medical Assistance (see 40-173).

(A) For CalWORKs, brochures describing benefits available under the Child Health and Disability Prevention (CHDP) program and how and where these benefits are provided within the county shall be given to the applicant during the application interview. Provision of CHDP informational materials shall be documented by notation upon the SAWS 2 form. (Continued)

(2) The CWD shall inform all CalWORKs applicants/recipients of the availability of family planning services. For those CalWORKs applicants/ recipients who voluntarily request such services, the CWD shall provide information and referral for family planning services. (See Section 40-131.3(h).) (Continued)

(B) The CWD shall display in waiting rooms and make available to CalWORKs applicants/recipients, copies of notices, pamphlets and other written materials which contain information concerning the availability of family planning services.

(C) The CWD shall ensure that written notice of the availability of family planning services is sent to: (1) applicants for CalWORKs upon denial of CalWORKs benefits; or (2) all CalWORKs recipients upon termination of CalWORKs benefits. (Continued)

(j) Section 40-107(j)(QR) et seq. shall become inoperative and Section 40-107(j)(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Establishing the Quarterly Reporting Cycle

Applicants shall be assigned a specific Quarterly Reporting (QR) cycle using the application date, the terminal digit of the case number, or other method determined by the county. To the extent possible, the county should align the CalWORKs annual redetermination of eligibility with the Food Stamp certification period and should also align the redetermination/recertification with the month the QR 7 is due (QR Submit Month). The county shall provide the QR 7 at the end of each QR Data Month, but no later than the first day of each QR Submit Month. The county must provide the recipient with a written notice that will include:

(SAR) Establishing the Semi-Annual Reporting Cycle

Applicants shall be assigned a specific Semi-Annual Reporting (SAR) cycle using their beginning date of aid. If the applicant has an existing CalFresh recertification period, the county shall align the SAR cycle with the existing recertification period. The county must align the CalWORKs annual redetermination of eligibility with the CalFresh certification period. The redetermination/recertification acts as the second semi-annual report so it must also be aligned with the SAR Submit Month. The county shall provide the SAR 7 or SAWS 2 to the recipient by the end of the SAR Data Month in the SAR Payment Period in which it is due. The county must provide the recipient with a written notice that will include:

(QR) (1) The AU's individual QR cycle,

(SAR) (1) The AU's individual SAR cycle,

- (QR) (2) The month in which the initial QR 7 and subsequent QR 7s are due, and
- (SAR) (2) The months in which the SAR 7 and the annual redetermination of eligibility (SAWS 2) are due, and
- (QR) (3) The QR Data Month they will be responsible for reporting information.
- (SAR) (3) The SAR Data Months they will be responsible for reporting information.
- (QR) (A) Quarterly Reporting Cycle Based on Application Date

The county shall establish three QR cycles, each comprised of four QR Payment Quarters (see Section 40-103.5(QR)). The county shall assign the applicant to one of these cycles based on the month of application. The month of application shall be considered the first month of the QR Payment Quarter regardless of whether cash aid is issued in that month.

- (SAR) (A) Semi-Annual Reporting Cycle Based on Beginning Date of Aid

The county shall establish six SAR cycles, each comprised of two SAR Payment Periods (see Section 40-103.5(SAR)). The county shall assign the applicant to one of these cycles based on the beginning month of aid. Unless the SAR cycle is being established to align with an existing CalFresh recertification date, the beginning month of aid shall be considered the first month of the SAR Payment Period.

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- (QR) This model requires CWDs to consider a client's application month as the first month of the QR Payment Quarter. This month will begin the QR cycle for the new reporting system. Clients will be assigned to one of three cycles, based on their application date. For purposes of discussing months within the cycle, the following definitions will apply:

QR Payment Quarter – the quarter in which benefits are paid. The QR Payment Quarter will include three consecutive months. The month of application will be considered the first month of the “QR payment quarter” for purposes of identifying the appropriate client reporting cycle, regardless of whether benefits are issued in that month or as a supplemental payment in a subsequent month.

QR Data Month – the 2nd month of the quarter for which the client reports all information necessary to determine eligibility and

QR Submit Month – The third month of the quarter in which the QR 7 is required to be submitted to the CWD.

<u>January</u> (Application Month)	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
QR Payment Quarter Begins	QR Data Month	QR Submit Month	QR Payment Quarter Begins	QR Data Month	QR Submit Month

<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
QR Payment Quarter Begins	QR Data Month	QR Submit Month	QR Payment Quarter Begins	QR Data Month	QR Submit Month
					RV/RC due

<u>January</u> (13th month)
QR Payment Quarter Begins
New FS Cert Period

The following cycles would be assigned to each applicant, based on application date.

Cycle 1:

Application/QR Payment Quarter	QR Data Month	QR Submit Month
January	February	March
April	May	June
July	August	September
October	November	December

Cycle 2:

Application/QR Payment Quarter	QR Data Month	QR Submit Month
February	March	April
May	June	July
August	September	October
November	December	January

Cycle 3:

Application/QR Payment Quarter	QR Data Month	QR Submit Month
March	April	May
June	July	August
September	October	November
December	January	February

This system enables the county to align the reporting/budgeting cycle with the FS recertification date. The month in which the certification period expires will always be the QR Submit Month, which will be when the recertification can be completed to set up the thirteenth month's allotment.

(SAR) This model requires CWDs to consider a client's beginning date of aid as the first month of the SAR Payment Period. This month will begin the SAR cycle for the new reporting system. Clients will be assigned to one of six cycles, based on their beginning date of aid. For purposes of discussing months within the cycle, the following definitions will apply:

SAR Payment Period – the six months in which benefits are paid. The SAR Payment Period will include six consecutive months. The beginning date of aid will be considered the first month of the "SAR Payment Period" for purposes of identifying the appropriate client reporting cycle.

SAR Data Month – the fifth month of the SAR period for which the client reports all information necessary to determine eligibility, and

SAR Submit Month – the sixth month of the SAR period in which the SAR 7 is required to be submitted to the CWD or the annual redetermination is required to be completed.

<u>January</u> (Beginning Date of Aid)	<u>February</u>	<u>March</u>	<u>April</u>	<u>May</u>	<u>June</u>
SAR Payment Period Begins	Month Two	Month Three	Month Four	SAR Data Month	SAR Submit Month/ SAR 7 due

<u>July</u>	<u>August</u>	<u>September</u>	<u>October</u>	<u>November</u>	<u>December</u>
SAR Payment Period Begins	Month Two	Month Three	Month Four	SAR Data Month	SAR Submit Month
					RD/RC due

<u>January</u> (13th month)
SAR Payment Period Begins
New CalFresh Cert Period

The following cycles would be assigned to each applicant, based on the beginning date of aid.

Cycle 1:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
January	May	June
July	November	December

Cycle 2:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
February	June	July
August	December	January

Cycle 3:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
March	July	August
September	January	February

Cycle 4:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
April	August	September
October	February	March

Cycle 5:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
May	September	October
November	March	April

Cycle 6:

Beginning Date of Aid/SAR Payment Period	SAR Data Month	SAR Submit Month
June	October	November
December	April	May

This system enables the county to align the reporting/budgeting cycle with the CalFresh recertification date. The month in which the certification period expires will always be the SAR Submit Month, which will be when the recertification is completed to establish the thirteenth month's allotment.

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(QR) (B) Quarterly Reporting Cycle Based on Terminal Digits

The county shall establish three QR cycles, each for a particular set of numbers. Counties shall determine the groupings. The county shall assign a cycle to an applicant/recipient based on the last digit of his/her case number.

(SAR) (B) Semi-Annual Reporting Cycles Based on Other Methods

Under SAR, counties may establish reporting cycles based on factors established or approved by the department; however, the SAR cycle must be

aligned with the CalWORKs redetermination date and the CalFresh recertification date.

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This handbook section will become inoperative on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Following is one example of how a county might set up their QR cycle based on terminal digits:

Cycle 1 will be assigned to cases ending in 0, 1, 2, and 3.

Cycle 2 will be assigned to cases ending in 4, 5, and 6.

Cycle 3 will be assigned to cases ending in 7, 8, and 9.

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Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code; SB 72, (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10613, 11209, 11265.1, 11268, 11322.5, 11323.3, 11324.8(a), (b) and (c), 11454, 11454(b) and (e), 11454.2, 11495.1, and 11500, Welfare and Institutions Code; 42 USC Sections 608(a)(7), 45 CFR 205.42(d)(2)(v)(A) and (B) as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 205.52(a)(1) and (2); 45 CFR 205.55; and California Department of Health Services Manual Letter 77-1; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 40-119 to read:

40-119 HOW AND WHERE APPLICATION IS MADE (Continued)

40-119

.2 Optional Persons

Section 40-119.2(QR) shall become inoperative and Section 40-119.2(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The county shall consider either the SAWS 1, QR 3, or the QR 7 the application for adding an optional person.

(SAR)

The county shall consider either the SAWS 1, SAR 3, or the SAR 7 the application for adding an optional person.

.3 Person Added to AU

(Continued)

.31 CW 8A

A CW 8A "Statement of Facts to Add a Child Under 16 Years," or

.32 CW 8

A CW 8 "Statement of Facts for Additional Persons." (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 45 CFR 206.10(a)(1)(ii), (a)(8), and (b)(2); 45 CFR 233.10(a)(1)(ii)(A) and (B); 45 CFR 233.100(a)(3)(iii) and (vi)(A); and Sections 11265.1, 11265.3, and 11450(b), Welfare and Institutions Code.

Amend Section 40-125 to read:

40-125 REAPPLICATIONS, RESTORATIONS, AND
COUNTY OF RESPONSIBILITY

40-125

.1 County Responsibility – General Requirements (Continued)

.12 County Receipts for Hand-Carried Documents (Continued)

- .123 CWDs that maintain a system of logging hand-delivered documents are exempt from the receipts for documents requirement.

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For farm laborers applying for CalWORKs on the basis of part-time employment, if the family has accompanied the employed member to a county, whether or not there is a home base in some other county, the county in which the family is presently located is responsible for accepting the application, determining eligibility, paying aid and providing services until the family returns to their home base, or if they have no home base, until the family remains in one county for a period of time at least 60 days. The employed member need not remain with the family, but may go to work in one or more other counties.

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.2 Definitions (Continued)

.3 Determining County of Responsibility – County Where Applicant Lives (Continued)

.31 Applicant in County "B" Maintaining Living Place in County "A"

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In CalWORKs, if the family remains in an established home in County "A" while one or more members are in County "B" for temporary employment, including farm labor, the entire family is considered to be living in County "A."

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.32 (Continued)

.4 Applicant is in County B but lives in County A

.41 Responsibility of County B

County B shall assist in completing the application Form SAWS 1 and in securing the Statement of Facts (SAWS 2), and shall also obtain pertinent information and immediately send the application, the Statement of Facts and supporting documents and information to the county in which the applicant lives (County A).

Upon the request of County A, County B shall assist in determining initial and continuing eligibility, developing a service plan, and in providing needed services to the applicant.

When the applicant or recipient in a state hospital is to be released and will reside in a County B (see .32 above), County B shall also upon request of the State Department of Health Care Services or State Department of Social Services liaison staff, provide any needed assistance to expedite the application process or to determine continuing eligibility. This county shall also assist, as needed, in planning for care of the applicant outside the hospital, keeping County A informed promptly of its activities on behalf of the applicant. (Continued)

.7 California Youth Authority Parolees

In CalWORKs the cost of care of California Youth Authority (CYA) parolees in foster homes is normally the responsibility of the CYA even though the child may be eligible for CalWORKs. However, the CYA does not have the means of providing support for the children of a parolee mother even though she is living in a boarding home. In such cases, the county should accept and process the application for the parolee mother's children. If they are found eligible, the caretaker mother is included in the CalWORKs grant as a needy parent.

Financial responsibility for eligible Youth Authority wards who are living in their own homes or with relative is also carried by the county under the CalWORKs program. (Continued)

.9 Request for Restoration of Aid

When a county receives a request for restoration of aid, all provisions of Chapter 40-100 shall apply except as modified below.

.91 The county may require that the applicant complete a new Statement of Facts (SAWS 2) as specified in Sections 40-115.22 and 40-128.1, except as specified in Section 40-125.94.

.911 The county shall determine on a case-by-case basis the need for completion of a new SAWS 2. Reasons for requesting a new SAWS 2 may include but are not limited to, the following: (Continued)

.912 When the county determines that a new SAWS 2 is required, failure by the applicant to complete the SAWS 2 shall result in denial of the request for restoration (See Section 40-171.221(d)).

.92 Section 40-125.92(QR) shall become inoperative and Section 40-125.92(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the applicant is determined to be eligible within the month following discontinuance, the applicant must provide a current QR 7 unless a complete QR 7 for the quarter in which the applicant was discontinued is in the county's possession. The applicant may be assigned to the previous QR cycle or a new QR cycle based on the date of the most recent request for aid.

(SAR) If the applicant is determined to be eligible within the month following discontinuance, the applicant must provide a current SAR 7 unless a complete SAR 7 for the SAR Payment Period in which the applicant was discontinued is in the county's possession. The applicant may be assigned to the previous SAR cycle or a new SAR cycle as long as the SAR cycle remains aligned with their redetermination/recertification date. (Continued)

.94 Section 40-125.94(QR) shall become inoperative and Section 40-125.94(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Restorations in the Calendar Month Following a QR 7 Related Discontinuance

(SAR) Restorations in the Calendar Month Following a SAR 7 Related Discontinuance

.941 Section 40-125.941(QR) shall become inoperative and Section 40-125.941(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When a recipient who has been discontinued for failure to submit a complete QR 7 requests restoration of CalWORKs during the calendar month following discontinuance, but after the first working day of the next QR Payment Quarter, the county shall determine if the recipient had good cause (Section 40-181.23(QR)) for failure to submit a complete report.

(SAR) When a recipient who has been discontinued for failure to submit a complete SAR 7 requests restoration of CalWORKs during the calendar month following discontinuance, but after the first working day of the next SAR Payment Period, the county shall determine if the recipient had good cause (Section 40-181.23(SAR)) for failure to submit a complete report.

.942 Section 40-125.942(QR) shall become inoperative and Section 40-125.942(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the recipient had good cause for failure to submit a complete report, the discontinuance action shall be rescinded, eligibility redetermined and the grant amount computed based on information contained on the complete QR 7 submitted by the recipient.

(SAR) If the recipient had good cause for failure to submit a complete report, the discontinuance action shall be rescinded, eligibility redetermined and the grant amount computed based on information contained on the complete SAR 7 submitted by the recipient.

.943 Section 40-125.943(QR) et seq. shall become inoperative and Section 40-125.943(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When a recipient who has been discontinued for failure to submit a complete QR 7 requests restoration of CalWORKs during the calendar month following discontinuance, and is not found to have good cause, the CWD shall redetermine eligibility based on the information contained on the complete QR 7 submitted by the recipient as follows:

(QR) (a) Eligibility will be based on recipient rules. The recipient will not be subject to applicant eligibility criteria.

(QR) (b) An application (SAWS 1), Statement of Facts (SAWS 2), and intake interview are not required.

(QR) (c) If found eligible, aid will be restored, prorated, effective the date that the recipient submitted the complete QR 7. (See Section 44-315.72 for instructions on how to calculate prorated benefit amounts.)

(SAR) When a recipient who has been discontinued for failure to submit a complete SAR 7 requests restoration of CalWORKs during the calendar month following discontinuance, and is not found to have good cause, the CWD shall redetermine eligibility based on the information contained on the complete SAR 7 submitted by the recipient as follows:

(SAR) (a) Eligibility will be based on recipient rules. The recipient will not be subject to applicant eligibility criteria.

(SAR) (b) An application (SAWS 1), Statement of Facts (SAWS 2), and intake interview are not required.

- (SAR) (c) If found eligible, aid will be restored, prorated, effective the date that the recipient submitted the complete SAR 7. (See Section 44-315.72 for instructions on how to calculate prorated benefit amounts.)

.95 Restorations Based on Excess Property

When a former recipient requests restoration of cash aid after a discontinuance due to excess property, the county shall verify that the AU did not transfer assets for less than fair market value (see Section 42-221).

.951 If an AU requests restoration of cash aid before the effective date of discontinuance, the county shall evaluate the property spend down and if the AU is verified property eligible, the county shall rescind the discontinuance.

.952 Section 40-125.952(QR) shall become inoperative and Section 40-125.952(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a former recipient requests restoration after the effective date of discontinuance, the county shall determine the AU's eligibility and grant amount based on the information provided at the time of request for restoration. Beginning date of aid rules will apply (see Section 44-317). The AU may be assigned to the previous QR cycle or a new QR cycle based on the date cash aid is restored.

(SAR) If a former recipient requests restoration after the effective date of discontinuance, the county shall determine the AU's eligibility and grant amount based on the information provided at the time of request for restoration. Beginning date of aid rules will apply (see Section 44-317). The AU may be assigned to the previous SAR cycle or a new SAR cycle based on the date cash aid is restored; however the SAR cycle must remain aligned with the redetermination and recertification date.

.96 Restorations Based on Excess Income

When an AU is discontinued due to excess income, the recipient may request restoration of cash aid if the AU experiences a loss or reduction of reasonably anticipated income that was used to determine financial ineligibility.

.961 If an AU requests restoration of cash aid before the effective date of discontinuance, the county shall determine income eligibility and rescind the discontinuance if the AU is found eligible.

.962 Section 40-125.962(QR) shall become inoperative and Section 40-125.962 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a former recipient requests restoration after the effective date of discontinuance, the county shall determine the AU's eligibility and grant amount based on the information provided at the time of request for restoration. Beginning date of aid rules will apply (see Section 44-317). The AU may be assigned to the previous QR cycle or a new QR cycle based on the date cash aid is restored.

(SAR) If a former recipient requests restoration after the effective date of discontinuance, the county shall determine the AU's eligibility and grant amount based on the information provided at the time of request for restoration. Beginning date of aid rules will apply (see Section 44-317). The AU may be assigned to the previous SAR cycle or a new SAR cycle based on the date cash aid is restored; however the SAR cycle must remain aligned with the redetermination and recertification date.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 233.60, Section 3510 (October 1961), Federal Handbook of Public Assistance Administration; Section 11349, Government Code; Sections 10553, 10554, 10604, 11008, 11023.5, 11056, 11102, 11265.1, 11265.2, 11450.12, and 11451.5, Welfare and Institutions Code; and ACF-AT-94-5; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 40-128 to read:

Post-Hearing: Amend Section 40-128.13 to read:

40-128 APPLICANT'S STATEMENT OF FACTS

40-128

.1 Filing the Statement of Facts

- .11 The applicant, in support of his/her application, shall complete, sign, and file with the county the Statement of Facts (SAWS 2) supporting his/her eligibility for assistance. The statement may be filed with the county at the time of application or at any subsequent time prior to completion of the determination of eligibility. In case of an applicant in "immediate need," see Section 40-129. (Continued)

.12 Minor Parent Residing with Unaided Senior Parent(s).

- .121 Section 40-128.121(QR) shall become inoperative and Section 40-128.121(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) The minor parent (see Section 44-133.71) who applies for aid while residing in the same household as his/her unaided senior parent(s) must report the income of his/her parent(s).
- (QR) In addition to the form CA 2 or CA 20, the minor parent shall submit a complete Supplement to the Statement of Facts (CA 23) to the county welfare department. The minor parent is responsible for obtaining all information necessary to complete the CA 23 and for obtaining the necessary verification from the senior parent(s). The information and the submitted verification must provide the county welfare department with the facts necessary to make a correct eligibility and grant determination.
- (SAR) The minor parent (see Section 44-133.51) who applies for aid while residing in the same household as his/her unaided senior parent(s) must report the income of his/her parent(s).
- (SAR) In addition to the SAWS 2, the minor parent shall submit a Senior Parent Statement of Facts (SAR 23) to the county welfare department. The minor parent is responsible for obtaining all information necessary to complete the SAR 23 and for obtaining the necessary verification from the senior parent(s). The information and the submitted verification must provide the county welfare department with the facts necessary to make a correct eligibility and grant determination.
- .122 Section 40-128.122(QR) shall become inoperative and Section 40-128.122(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Failure to provide a complete CA 23 (as defined in .121 above) shall result in the denial of aid to the minor parent and child in accordance with Section 40-105.1.

(SAR) Failure to provide a complete SAR 23 (as defined in .121 above) shall result in the denial of aid to the minor parent and child in accordance with Section 40-105.1.

.13 Aliens Sponsored by Agencies or Organizations Sponsored Non-Citizens

~~.131 Section 40-128.131(QR) shall become inoperative and Section 40-128.131(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.~~

~~(QR) An alien sponsored by an agency or organization (See Section 43-119.3) who applies for aid shall provide the County Welfare Department (CWD) with a statement of the ability of the sponsor to meet his/her needs. As a part of his/her application for aid on the form CA 2 or CA 20, the sponsored alien shall submit a complete Form CA 24 (Sponsoring Agency or Organization's Statement of Facts Regarding Ability to Meet the Alien's Needs) to the CWD. The alien is responsible for ensuring that the CA 24 is complete.~~

~~(SAR) An alien sponsored non-citizen by an agency or organization (See Section 43-119) who applies for aid shall provide the County Welfare Department (CWD) with a statement of the ability of the sponsor to meet his/her needs. As a part of his/her application for aid on the form SAWS 2, the sponsored alien non-citizen shall submit a complete Form SAR 22 (Sponsor's Statement of Facts) to the CWD. The alien sponsored non-citizen is responsible for ensuring that the SAR 22 is complete.~~

~~.132 Section 40-128.132(QR) shall become inoperative and Section 40-128.132(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.~~

~~(QR) Failure to provide a complete CA 24 (as defined in .131 above) shall result in the denial of aid to the alien.~~

~~(SAR) Failure to provide a complete SAR 22 (as defined in .131 above) shall result in the denial of aid to the alien sponsored non-citizen.~~

.14 A change in an aid recipient's status from that of a medically needy person certified for medical assistance to that of a grant recipient requires a new application. A Statement of Facts (SAWS 2) is required before a cash grant is authorized for such person only in circumstances described in Section 40-183.5.

.2 Who May Sign the CalWORKs Statement of Facts

Every effort should be made to obtain the parent's or guardian's signature on the Statement of Facts (SAWS 2) regardless of who signs the application (SAWS 1). However, a relative or the social service agency representative who has responsibility for the care and supervision of the child may sign the SAWS 2 in the following instances: (Continued)

.25 At county option, the placement worker shall have the authority to complete an FC 2 in place of the SAWS 2 under the following circumstances: (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 45 CFR 205.50(a)(1)(i)(A); 42 USC 602(a)(39); Family Support Action Transmittal 91-15 dated April 23, 1991; and Section 5053 of the Omnibus Budget Reconciliation Act (OBRA) of 1990.

Amend Section 40-131 to read:

40-131 INTERVIEW REQUIREMENT

40-131

.1 Interview Required Prior to Granting Aid

- .11 A face-to-face interview with the applicant is required prior to the granting of aid. For the home visit requirement in CalWORKs, see Section 40-161.
- .12 For any applicant who chooses to apply for both CalWORKs and CalFresh, as specified in Section 40-107(a)(6)(B), the CWD shall conduct a single interview for both programs. CalWORKs applicants shall not be required to see a different eligibility worker or otherwise be subjected to two interview requirements to obtain the benefits of both programs.

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- .121 Following the single interview, the application may be processed by separate workers to determine the eligibility and benefit levels for CalWORKs and CalFresh.

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.2 Inability of Applicant to Participate in Interview (Continued)

.3 Content of Application Interview (Continued)

- (m) The furnishing of the Social Security Number (SSN) is a condition of eligibility required by 42 U.S.C. Section 1320b-7(a)(1) of the Social Security Act, and that the SSN will be utilized in the administration of the CalWORKs Program. (Continued)
- (p) Reserved
- (q) (Continued)
- (r) The availability of transitional child care benefits and transitional Medi-Cal benefits for recipients who are discontinued from CalWORKs due to certain employment-related circumstances. (Continued)
- (s) The availability of program activities and supportive services of the WTW Program for which applicants and recipients may be eligible. (See Sections 40-107(a)(6) and (a)(7).) (Continued)

- (u) At application and each annual redetermination, applicants/recipients shall receive an informing notice regarding the availability of Stage One child care (see Section 47-301.2).

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- (v) Reserved

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- (w) (Continued)

Authority cited: Sections 10553, 10554, 10604, and 18904, Welfare and Institutions Code.

Reference: Sections 10613, 11209, 11253.5, 11265.8, 11268(a), 11280, 11323.3, 11324.8(a), AB 312, Chapter 1568, Statutes of 1990, 11495.1, 11500(b), and 11511(a), Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); 7 U.S.C. 2020(i), 7 CFR 273.2(j), 42 U.S.C. 616(f), 682(c)(2), (3) and (4), and 1320b-7(a)(1), 45 CFR 205.52(a)(1), 45 CFR 250.20, 45 CFR 250.40(a) and (b); 45 CFR 255.1; 45 CFR 256.1(b), and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

Amend Section 40-173 to read:

40-173 COUNTY DEPARTMENT RESPONSIBILITY FOR NOTIFYING
APPLICANTS AND RECIPIENTS

40-173

Prior to county action (except as provided in .7 below), the applicant or recipient shall be (a) notified of any county action which relates to his application, affects aid payment to him or his certification for medical assistance, or affects aid payments to him or his family, and (b) informed of his responsibility for reporting facts material to the determination of his eligibility. Such notification, advice, etc., shall be in simple understandable language. Required notifications are:

.1 Section 40-173.1(QR) shall become inoperative and Section 40-173.1(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Notice of County Action Granting Aid, Changing the Amount of the Grant, Changing the Recipient's Status or Not Changing the Amount of the Grant Following the Submittal of a Recipient Mid-quarter Report.

(SAR) Notice of County Action Granting Aid, Changing the Amount of the Grant, Changing the Recipient's Status or Not Changing the Amount of the Grant Following the Submittal of a Recipient Mid-Period Report.

Use appropriate Notice of Action form. Use appropriate Notice of Action form to report county action authorizing a supplemental grant or changing status from a cash grant to MN. (See Section 40-183.) (Continued)

.5 Notice to Recipient of His/Her Responsibility

Use the SAWS 2A instruction sheet to notify the recipient of his/her responsibilities according to Section 40-181. The notification shall be given at least the following times: (Continued)

.8 Section 40-173.8(QR) et seq. shall become inoperative and Section 40-173.8(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Notification of Income Reporting Threshold (IRT)

(QR) Counties must inform each AU in writing of their individual IRT at least once per quarter. Informing shall also occur when MAP amount changes, when the AU or family MAP size changes, when there is a change of persons who are required to report income, at redetermination, or upon recipient request. The informing notice shall include:

(SAR) Notification of Income Reporting Threshold (IRT)

(SAR) Counties must inform each AU in writing of their individual IRT at least once per SAR period. Informing shall also occur when the AU or family MAP size changes, when there is a change of persons who are required to report income, when the amount of income used to calculate the grant changes, at redetermination, when the federal poverty levels are updated, upon recipient request and any other time the AU's IRT amount changes. The informing notice shall include:

(QR) .81 The requirement to report the receipt of gross monthly income that exceeds the IRT;

(SAR) .81 The requirement to report the receipt of gross monthly income that exceeds the IRT;

(QR) .82 The dollar amount of gross monthly income for the family MAP that exceeds the IRT; and

(SAR) .82 The dollar amount of the IRT for the AU; and

(QR) .83 The consequences of failing to report.

(SAR) .83 The consequences of failing to report.

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10613, 11209, 11265.3, 11500(b), 11502(a) and (b), and 11511(a), Welfare and Institutions Code; 45 CFR 250.20; 45 CFR 250.40(b); 45 CFR 255.1; 45 CFR 256.1(b); 45 CFR 256.2(b)(1); 45 CFR 256.4(c); and Administration for Children and Families-Action Transmittal-91-1, dated June 16, 1992; and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996.

Amend Section 40-181 to read:

Post-Hearing: Amend Sections 40-181.214(b), 40-181.217(g) and 40-181-221(b) to read:

40-181 CONTINUING ACTIVITIES AND DETERMINATION OF ELIGIBILITY 40-181

.1 General County Responsibility

- (a) Section 40-181.1(a)(QR) shall become inoperative and Section 40-181.1(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The county paying aid shall be responsible for continuing to determine eligibility to insure payment only to eligible recipients in the correct amount, to assist recipients to meet their financial and service needs as full as possible, and to make maximum use of their resources and capabilities. For CalWORKs cases, eligibility shall be established by the use of the SAWS 2 at the time of application and then at one-year intervals, and also by the QR 7, and by recipients mid-quarter reports (see Section 44-316(QR) also see Section 82-832.3(QR)).

(SAR) The county paying aid shall be responsible for continuing to determine eligibility to insure payment only to eligible recipients in the correct amount, to assist recipients to meet their financial and service needs as fully as possible, and to make maximum use of their resources and capabilities. For CalWORKs cases, eligibility shall be established by the use of the SAWS 2 at the time of application and then at one-year intervals, and also by the SAR 7, and by recipient mid-period reports (see Sections 44-316(SAR) and 82-832.3(SAR)).

- (1) Section 40-181.1(a)(1)(QR) shall become inoperative and Section 40-181.1(a)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Eligibility regarding deprivation, household/AU composition, property, and the transfer of assets for less than fair market value shall only be determined on a quarterly basis based on the information reported on the QR 7. The county shall compare the information reported on the QR 7 with mid-quarter recipient reports (see Section 44-316(QR)) for accuracy. (Also see Section 82-832.3(QR).)

(SAR) Eligibility regarding deprivation, household/AU composition, property, and the transfer of assets for less than fair market value shall only be determined on a semi-annual basis based on the information reported on the SAR 7 or the SAWS 2. The county shall compare the information reported on the SAR 7 or the SAWS 2 with any mid-period recipient reports for accuracy. (See Sections 44-316(SAR) and 82-832.3(SAR).)

- (2) Section 40-181.1(a)(2)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) The SAR 7 only asks for the recipient to report any changes since he or she last reported in regards to property, deprivation, and household/AU composition. If a recipient reports on the SAR 7 that there have been no changes since they last reported, the information on the last verified report (the SAWS 2 or any verified mid-period report) shall be used to determine continuing eligibility.

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- (3) Handbook Section 40-181.1(a)(3)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) **Example:** A recipient is in a March through August SAR Payment Period. They make a voluntary mid-period report in April that they received an inheritance in the amount of \$5,000 and provide verification. The county sends the recipient a "no-change NOA" informing them that property is only evaluated once per SAR Payment Period. On the July SAR 7 submitted in August, the recipient reports that there have been no changes to their property since they last reported. The county discontinues the AU at the end of the SAR Payment Period for being over the property limit.

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(b) Reserved

(c) AFDC-FC and Kin-GAP cases

- (1) For AFDC-FC cases, eligibility shall be established by use of the SAWS 2 at the time of application if the parent or legal guardian is available and cooperating. If the parent or legal guardian is unavailable or not cooperating, eligibility shall be established by use of the SAWS 2 or FC 2. AFDC-FC eligibility shall be reestablished by use of the SAWS 2 or FC 2 at six-month intervals. (Continued)

(d) Section 40-181.1(d)(QR) shall become inoperative and Section 40-181.1(d)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Additional determinations shall be made as necessary if unexpected changes in income or other circumstances occur which affect the eligibility or grant level of the recipient in accordance with Section 44-316(QR).

(SAR) Additional determinations shall be made as necessary if unexpected changes in income or other circumstances occur which affect the eligibility or grant level of the recipient in accordance with Section 44-316(SAR).

(e) Issuance of aid in the correct amount is a primary program objective. To achieve this objective it is essential that the county shall:

(1) Section 40-181.1(e)(1)(QR) shall become inoperative and Section 40-181.1(e)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Give applicants and recipients at the time of application and at least once every 12 months thereafter complete explanations in writing regarding factors which may cause ineligibility, underpayments or overpayments, penalties due to an IPV, and their responsibility to report changes as prescribed by Section 40-105.14(QR) (Applicant and Recipient Responsibility). The factors which are to be explained shall include changes in income and resources, changes in need, etc. These requirements are met by the use of the SAWS 2A-QR in CalWORKs. These requirements are met by the use of the KG 2A in Kin-GAP. Verbal explanations shall also be given when necessary to assure understanding. The recipient shall signify his/her understanding of his/her responsibilities in writing.

(SAR) Give applicants and recipients at the time of application and at least once every 12 months thereafter complete explanations in writing regarding factors which may cause ineligibility, underpayments or overpayments, penalties due to an IPV, and their responsibility to report changes as prescribed by Section 40-105.14(SAR) (Applicant and Recipient Responsibility). The factors which are to be explained shall include changes in income and resources, changes in need, etc. These requirements are met by the use of the SAWS 2A in CalWORKs. These requirements are met by the use of the KG 2A in Kin-GAP. Verbal explanations shall also be given when necessary to assure understanding. The recipient shall signify his/her understanding of his/her responsibilities in writing.

(2) Section 40-181.1(e)(2)(QR) shall become inoperative and Section 40-181.1(e)(2)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) In CalWORKs, the quarterly redetermination of eligibility shall follow the procedures described above. This requirement is met by the use of the QR 7. The QR 7 shall be carefully checked each quarter upon its receipt so that correct grant computations are made. Special care should be taken to correct grant adjustments for overpayments when income/resources change.

(SAR) In CalWORKs, the semi-annual redetermination of eligibility shall follow the procedures described in Section 40-181.1(a). This requirement is met by the use of the SAR 7 or the SAWS 2. The SAR 7 and SAWS 2 shall be carefully checked each semi-annual period upon receipt so that correct grant computations are made. Special care should be taken to correct grant adjustments for overpayments when income/resources change.

(3) (Continued)

(g) Section 40-181.1(g)(QR) shall become inoperative and Section 40-181.1(g)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Aid shall not be discontinued due solely to circumstances beyond the control of the recipient which prevents reporting changes that are required to be reported within ten calendar days of the change or prevents the prompt return of the SAWS 2 or QR 7 eligibility redetermination forms.

(SAR) Aid shall not be discontinued due solely to circumstances beyond the control of the recipient which prevents reporting changes that are required to be reported within ten calendar days of the change or prevents the prompt return of the SAWS 2 or SAR 7 eligibility redetermination forms. (See Section 40-181.216(SAR) for information on good cause determinations for failing to complete the annual redetermination timely and Section 40-181.23(SAR) for information on good cause determinations for failure to submit a complete SAR 7 timely.)

(h) (Continued)

.2 Periodic Determination of Eligibility

.21 A redetermination of all circumstances of the recipient subject to change shall be completed at least once every twelve (12) months. The applicant/recipient shall complete the appropriate Statement of Facts at the time of application and at least once every 12 months after determination of eligibility. At the time of the annual redetermination and completion of the appropriate Statement of Facts, each recipient shall be either given or mailed informational material required by CDSS.

.211 For CalWORKs brochures describing benefits available under the Child Health and Disability Prevention (CHDP) program and how and where the benefits are provided within the county shall be given to the recipient during the redetermination interview specified in .311 below. Provisions of CHDP informational material shall be documented by notation upon the SAWS 2 form.

.212 Section 40-181.212(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) The annual redetermination must be completed in the sixth month of the second Semi-Annual Payment Period of every year (six months after the SAR 7 is submitted). Because the redetermination acts as the second income eligibility report, a complete SAWS 2 must be received by the 15th day of the month in which it is due in order to allow sufficient time to determine benefit amounts and issue timely notice for the following Semi-Annual Payment Period.

(SAR) (a) Because the redetermination process acts as the second semi-annual eligibility report, the redetermination must be aligned with the SAR reporting cycle. The redetermination must be completed in the 6th month of the SAR cycle in which a SAR 7 is not due. However, if for any reason a redetermination takes place outside of the normal SAR Cycle, the county shall act mid-period on all information to increase, decrease, or discontinue cash aid as appropriate.

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(SAR) Counties must align the CalWORKs redetermination period with the CalFresh recertification period (Section 63-504). In addition, counties must also align the submission of the annual redetermination with the 6th month of the SAR Payment Period in which a SAR 7 is not due.

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.213 Section 40-181.213(QR) shall become inoperative and Section 40-181.213 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The determination shall be considered completed as soon as the appropriate Statement of Facts has been reviewed and a decision made and recorded by the Eligibility Worker as to whether eligibility continues or ineligibility exists. The next due date for completion of the Statement of Facts shall be established in relationship to this decision. In no event shall the decision on the completed Statement of Facts be delayed solely for the purpose of avoiding a change in the periodic due date of determination of eligibility.

(SAR) The determination shall be considered completed as soon as the appropriate Statement of Facts has been reviewed and a decision made and recorded by the Eligibility Worker as to whether eligibility continues or ineligibility exists. The Statement of Facts shall be due once a year, in the same month of each

year, unless the redetermination date needs to be changed in order to align it with the CalFresh recertification date.

.214 Section 40-181.214(QR) shall become inoperative and section 40-181.214(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a recipient's circumstances change in such a way that it is necessary to review certain aspects of eligibility before the next Statement of Facts is due, the county shall decide whether a new Statement of Facts shall be completed. If the county decides it is necessary that the Statement of Facts be completed before the scheduled redetermination date, the next due date shall be adjusted accordingly.

(SAR) Late Redeterminations

(SAR) (a) When the redetermination of eligibility (SAWS 2) is not received by the 15th day of the month in which it is due, the county shall send the appropriate discontinuance notice.

(SAR) (b) In addition to the notice of discontinuance, the county shall attempt to make a personal contact by a county worker with the recipient either by telephone or in a face-to-face meeting. During the personal contact the county shall remind the recipient that a redetermination must be completed no later than the last day of the month in which it is due.

~~(SAR) (1) When the recipient cannot be personally contacted, a written reminder notice, which shall include language specified by CDSS, shall be mailed no later than five days prior to the last calendar day of the month. Under no circumstances shall the reminder notice be mailed in the same envelope as the discontinuance notice required in Section 40-181.214(a)(SAR).~~

(SAR) (c) The CWD shall document in the case file how and when the contact was attempted or made.

(SAR) (d) If the recipient submits a completed SAWS 2 by close of business on the last day of the month in which it was due, the county shall rescind the discontinuance and determine eligibility and grant amount pursuant to 40-181.215(SAR) and 44-315(SAR).

.215 Section 40-181.215(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Processing Late Redeterminations

(SAR) (a) If a redetermination is completed after the 15th but on or before the last day of the month, the county shall:

(SAR) (1) Rescind the discontinuance action; and

(SAR) (2) Determine eligibility based on the information reported on the SAWS 2.

(SAR) (b) If the recipient submits a complete SAWS 2 during the month following discontinuance, upon recipient request, the CWD shall determine whether the recipient had good cause for failure to complete the redetermination timely, in accordance with Section 40-181.216(SAR).

.216 Section 40-181.216(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Good Cause Determination for Failure to Complete a Redetermination Timely

(SAR) A recipient may have good cause for not meeting the redetermination reporting requirements. Good cause exists only when the recipient cannot reasonably be expected to fulfill his/her reporting responsibilities due to factors outside of his/her control. The burden of proof rests with the recipient.

(SAR) (a) A good cause exemption shall only be granted if the request is made by the parent, other caretaker relative, or an authorized representative.

(SAR) (b) A request is defined as any clear expression to the county, whether verbal or written, that the recipient wants an opportunity to present his/her explanation for not meeting the redetermination reporting requirements. A request for a State Hearing also may be considered a request for good cause determination when the issue to be heard specifically relates to Section 40-181.21(SAR).

(SAR) (c) In lieu of a request, as required by (2) above, a county has the discretion to independently determine that one of the situations specified in (d) below exists.

(SAR) (d) Good cause exists in only the following situations:

(SAR) (1) When the recipient is suffering from a mental or physical condition which prevents timely and complete reporting.

(SAR) (2) When the recipient's failure to submit a timely and complete report is directly attributable to county error.

- (SAR) (3) When the county finds other extenuating circumstances.
- (SAR) (e) When the recipient has good cause for not reporting timely, the county shall rescind the discontinuance.
- (SAR) (f) If the recipient is not found to have good cause for not reporting timely, the county shall determine eligibility based on applicant rules from the date that the complete SAWS 2 was submitted.
- (SAR) (g) If the SAWS 2 is received more than a month following discontinuance, it shall be treated as a request for restoration of aid and eligibility shall be determined based on applicant rules from the date the complete SAWS 2 was received. (See Section 40-125.9.)

.217 Section 40-181.217(QR) and Handbook Section 40-181.217(QR) shall become inoperative and Section 40-181.217(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) If the redetermination process is established outside of the QR Data Month, the county shall act mid-quarter on all information to increase, decrease, or discontinue cash aid as appropriate.

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- (QR) Counties are encouraged to align the CalWORKs redetermination period with the Food Stamp Program recertification period (Section 63-504) to the extent possible. In addition, counties are strongly encouraged to align the submission of the annual redetermination with the submission of the QR 7, so that the QR Data Month information is also the information used for the redetermination.

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- (SAR) For CalWORKs purposes, a redetermination is complete when all of the following requirements are met:
- (SAR) (a) The response to all questions pertaining to CalWORKs eligibility and grant amount shall provide the county with information sufficient to answer the question. The information provided on the SAWS 2 together with the submitted evidence must be sufficient for the county to determine eligibility and grant amounts. This includes the income and any change in resources of a stepparent living in the home, and any person who is required to apply for aid under Section 40-118 but is excluded from the AU. Reported income shall include current earned,

unearned, exempt, and nonexempt income and any reasonably anticipated changes to that income; and

- (SAR) (b) Evidence shall be submitted with the SAWS 2 to verify the gross amount of all earned income received and the date of receipt. Evidence shall be submitted to verify initial receipt of or a change in the amount of unearned income received. Such evidence includes but is not limited to: pay stubs, letters of award or benefits (such as unemployment, disability, or Social Security), statements showing interest income, dividend income, tax return showing the amount of EIC received, etc. Documents and records submitted with the SAWS 2 shall be promptly returned to the recipient; and
- (SAR) (c) The address along with other information provided on the SAWS 2 shall be sufficient for county administrative purposes, including the ability to locate the recipient; and
- (SAR) (d) Information reported on the SAWS 2 must be consistent with other information which the county has verified to be accurate; and
- (SAR) (e) The SAWS 2 shall be signed under penalty of perjury by each natural or adoptive parent or aided spouse of a parent or other caretaker relative living in the home, unless an individual so specified is temporarily absent from the home (see Section 82-812); and
- (SAR) (f) The redetermination interview has been completed; and
- (SAR) (g) The SAWS 2 shall include the SAR 22 (Sponsors Statement of Facts, Income and Resources) when the recipient is a sponsored non-citizen; and
- (SAR) (h) The SAWS 2 shall include the SAR 23 (Senior Parent Statement of Facts) when a minor parent lives with his/her senior parent (see Section 89-201.5).

.218 If the recipient is receiving or is potentially eligible to receive unconditionally available income, including but not limited to Old Age, Survivors, and Disability Insurance (OASDI) or benefits available to veterans of military service, it shall not be necessary to initiate a verification or referral procedure unless circumstances indicate a change in the recipient's eligibility for the benefit.

.219 If, during a redetermination, the county determines that a recipient is no longer exempt from cooperation requirements, the county shall enforce those requirements.

HANDBOOK BEGINS HERE

- (a) See Section 82-510, Cooperation Requirements

HANDBOOK ENDS HERE

.22 Section 40-181.22(QR) shall become inoperative and Section 40-181.22(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) CalWORKs recipients shall, in addition to the annual completion of the SAWS 2, complete and return the QR 7 to the county by the 5th calendar day of each QR Submit Month but not before the first calendar day of that month. QR 7s not received by the 11th of the QR Submit Month shall be considered late.

(SAR) CalWORKs recipients shall, in addition to the annual completion of the SAWS 2, complete and return a SAR 7 to the county by the 5th calendar day of the SAR Submit Month in which a redetermination is not due, but not before the first calendar day of that month. SAR 7s not received by the 11th of the SAR Submit Month shall be considered late.

.221 Section 40-181.221(QR) shall become inoperative and Section 40-181.221(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Late QR 7s

(SAR) Late SAR 7s

- (a) Section 40-181.221(a)(QR) shall become inoperative and Section 40-181.221(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When the QR 7 is not received by the 11th day of the QR Submit Month or the QR 7 is received but is not complete in accordance with the completeness criteria specified in Section 40-181.241(QR), the county shall send the appropriate discontinuance notice.

(SAR) When the SAR 7 is not received by the 11th day of the SAR Submit Month or the SAR 7 is received but is not complete in accordance with the completeness criteria specified in Section 40-181.241(SAR), the county shall send the appropriate discontinuance notice.

- (b) Section 40-181.221(b)(QR) shall become inoperative and Section 40-181.221(b)(SAR) shall become operative in a county on the date SAR

becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When a QR 7 has not been received at the county after the notice of discontinuance has been sent, the county shall attempt to make a personal contact with the recipient either by telephone or in a face-to-face meeting. During the personal contact the county shall remind the recipient that a complete QR 7 must be received by the county no later than the first working day of the next QR Payment Quarter.

(SAR) When a SAR 7 has not been received at the county after the notice of discontinuance has been sent, the county shall attempt to make a personal contact by a county worker with the recipient either by telephone or in a face-to-face meeting. During the personal contact the county shall remind the recipient that a complete SAR 7 must be received by the county no later than the end of the first working day of the next SAR Payment Period.

(1) When the recipient cannot be personally contacted, a written reminder notice, which shall include language specified by CDSS, shall be mailed no later than five days prior to the last calendar day of the report month. Under no circumstances shall the reminder notice be mailed in the same envelope as the discontinuance notice required in Section 40-181.221(a). (Continued)

(d) Section 40-181.221(d)(QR) shall become inoperative and Section 40-181.221(d)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the recipient contacts the county on the first working day of the QR Payment Quarter to report nonreceipt of his or her warrant, the county shall inform the recipient of a pending discontinuance due to nonreceipt of a complete QR 7 and shall inform him/her that the discontinuance will be rescinded if a complete QR 7 is received by the end of that day.

(SAR) If the recipient contacts the county on the first working day of the SAR Payment Period to report nonreceipt of his or her benefits, the county shall inform the recipient of a pending discontinuance due to nonreceipt of a complete SAR 7 and shall inform him/her that the discontinuance will be rescinded if a complete SAR 7 is received by the end of that day.

(e) Section 40-181.221(e)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) If the recipient turns in an incomplete SAR 7 to the county on or before the first working day of the next SAR Payment Period, the county shall attempt to make a personal contact with the recipient, either by phone or by mail, to inform them that their SAR 7 is still not complete and that the discontinuance still stands.

(f) Section 40-181.221(f)(QR) shall become inoperative and Section 40-181.221(f)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The county shall not take action to notify the Local Child Support Agency or any affected employment or training program of a QR 7 related discontinuance until after the first working day of the next QR Payment Quarter.

(SAR) The county shall not take action to notify the Local Child Support Agency or any affected employment or training program of a SAR 7 related discontinuance until after the first working day of the next SAR Payment Period.

.222 Section 40-181.222(QR) shall become inoperative and Section 40-181.222(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Processing Late QR 7s

(SAR) Processing Late SAR 7s

(a) Section 40-181.222(a)(QR) et seq. shall become inoperative and Section 40-181.222(a)(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a complete QR 7 is received after the 11th but on or before the first working day of the next QR Payment Quarter, the county shall:

(QR) (1) Rescind the discontinuance action; and

(QR) (2) Determine eligibility based on the information reported on the QR 7.

(SAR) If a complete SAR 7 is received after the 11th but on or before the first working day of the next SAR Payment Period, the county shall:

(SAR) (1) Rescind the discontinuance action; and

(SAR) (2) Determine eligibility based on the information reported on the SAR 7.

(b) (Continued)

(c) Section 40-181.222(c)(QR) shall become inoperative and Section 40-181.222(c)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a complete QR 7 is received after the first working day of the next QR Payment Quarter, but during the month following discontinuance for non-submittal of a complete QR 7, eligibility and benefits shall be determined as described in Section 40-125.943(QR).

(SAR) If a complete SAR 7 is received after the first working day of the next SAR Payment Period, but during the month following discontinuance for non-submittal of a complete SAR 7, eligibility and benefits shall be determined as described in Section 40-125.943(SAR).

.223 Section 40-181.223(QR) shall become inoperative and Section 40-181.223(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) In reunification cases, as defined in Section 80-301(r)(4), the parents are not required to submit a quarterly eligibility report as long as the reunification plan remains in place.

(SAR) In family reunification cases, as defined in Section 80-301(r)(4), the parents are not required to submit a semi-annual eligibility report as long as the reunification plan remains in place.

.23 Section 40-181.23(QR) shall become inoperative and Section 40-181.23(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Good Cause Determination for Failure to Submit a Complete QR 7 Timely

(QR) A recipient may have good cause for not meeting the quarterly reporting requirements. Good cause exists only when the recipient cannot reasonably be expected to fulfill his/her reporting responsibilities due to factors outside of his/her control. The burden of proof rests with the recipient.

(SAR) Good Cause Determination for Failure to Submit a Complete SAR 7 Timely

(SAR) A recipient may have good cause for not meeting the semi-annual reporting requirements. Good cause exists only when the recipient cannot reasonably be expected to fulfill his/her reporting responsibilities due to factors outside of his/her control. The burden of proof rests with the recipient.

.231 Section 40-181.231(QR) shall become inoperative and Section 40-181.231(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A good cause exemption shall only be granted if the request is made by the parent, other caretaker relative, or an authorized representative unless a good cause determination is required in accordance with Section 40-125.94(QR) (Restoration in the Calendar Month Following a QR 7 Discontinuance).

(SAR) A good cause exemption shall only be granted if the request is made by the parent, other caretaker relative, or an authorized representative unless a good cause determination is required in accordance with Section 40-125.94(SAR) (Restoration in the Calendar Month Following a SAR 7 Discontinuance).

(a) Section 40-181.231(a)(QR) shall become inoperative and Section 40-181.231(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A request is defined as any clear expression to the county, whether verbal or written, that the recipient wants an opportunity to present his/her explanation for not meeting the quarterly reporting requirements. A request for a State Hearing also may be considered a request for good cause determination when the issue to be heard specifically relates to Section 40-181.22(QR).

(SAR) A request is defined as any clear expression to the county, whether verbal or written, that the recipient wants an opportunity to present his/her explanation for not meeting the semi-annual reporting requirements. A request for a State Hearing also may be considered a request for good cause determination when the issue to be heard specifically relates to Section 40-181.22(SAR).

.232 (Continued)

.24 Section 40-181.24(QR) shall become inoperative and Section 40-181.24(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Criteria for Evaluating Information Reported on the QR 7

(SAR) Criteria for Evaluating Information Reported on the SAR 7

.241 Section 40-181.241(QR) shall become inoperative and Section 40-181.241(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) For CalWORKs purposes, a QR 7 is complete when all the following requirements are met:

(SAR) For CalWORKs purposes, a SAR 7 is complete when all the following requirements are met:

(a) Section 40-181.241(a)(QR) shall become inoperative and Section 40-181.241(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The date the QR 7 is signed shall be no earlier than the first day of the QR Submit Month.

(SAR) The date the SAR 7 is signed shall be no earlier than the first day of the SAR Submit Month.

(1) Section 40-181.241(a)(1)(QR) shall become inoperative and Section 40-181.241(a)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) This requirement is met when the date entered on the QR 7 by the recipient, together with other dated material provided with the QR 7 and the date on which the county mailed or gave the QR 7 to the recipient, clearly establishes that the QR 7 was signed no earlier than the first day of the QR Submit Month.

(SAR) This requirement is met when the date entered on the SAR 7 by the recipient, together with other dated material provided with the SAR 7 and the date on which the county mailed or gave the SAR 7 to the recipient, clearly establishes that the SAR 7 was signed no earlier than the first day of the SAR Submit Month.

(b) Section 40-181.241(b)(QR) shall become inoperative and Section 40-181.241(b)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) The address along with other information provided on the QR 7 shall be sufficient for county administrative purposes, including the ability to locate the recipient; and
- (SAR) The address along with other information provided on the SAR 7 shall be sufficient for county administrative purposes, including the ability to locate the recipient; and
- (c) Section 40-181.241(c)(QR) shall become inoperative and Section 40-181.241(c)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) The QR 7 shall be signed under penalty of perjury by each natural or adoptive parent or aided spouse of a parent or other caretaker relative living in the home, unless an individual so specified is temporarily absent from the home (see Section 82-812); and
- (SAR) The SAR 7 shall be signed under penalty of perjury by each natural or adoptive parent or aided spouse of a parent or other caretaker relative living in the home, unless an individual so specified is temporarily absent from the home (see Section 82-812); and
- (d) (Reserved)
- (e) Section 40-181.241(e)(QR) shall become inoperative and Section 40-181.241(e)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) The response to all questions pertaining to CalWORKs eligibility and grant amount shall provide the county with information sufficient to answer the question. The information provided on the QR 7 together with the submitted evidence must be sufficient for the county to determine eligibility and/or grant amounts. This includes the income and any change in resources of a stepparent living in the home, and any person who is required to apply for aid under Section 40-118 but is excluded from the AU. Reported income shall include earned, unearned, exempt, and nonexempt income received during the QR Data Month and income reasonably anticipated to be received during the next QR Payment Quarter; and
- (SAR) The response to all questions pertaining to CalWORKs eligibility and grant amount shall provide the county with information sufficient to answer the question. The information provided on the SAR 7 together with the submitted evidence must be sufficient for the county to

determine eligibility and/or grant amounts. This includes the income and any change in resources of a stepparent living in the home, and any person who is required to apply for aid under Section 40-118 but is excluded from the AU. Reported income shall include earned, unearned, exempt, and nonexempt income received during the SAR Data Month and any reasonably anticipated changes to this income during the next SAR Payment Period; and

- (f) Section 40-181.241(f)(QR) shall become inoperative and Section 40-181.241(f)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) Evidence shall be submitted with the QR 7 to verify the gross amount of all earned income received and the date of receipt. Evidence shall be submitted to verify initial receipt of or a change in the amount of unearned income received. Such evidence includes but is not limited to: pay stubs, letters of award or benefits (such as unemployment, disability, or Social Security), statements showing interest income, dividend income, tax return showing the amount of EIC received, etc. Documents and records submitted with the QR 7 shall be promptly returned to the recipient; and

- (SAR) Evidence shall be submitted with the SAR 7 to verify the gross amount of all earned income received and the date of receipt. Evidence shall be submitted to verify initial receipt of or a change in the amount of unearned income received. Such evidence includes but is not limited to: pay stubs, letters of award or benefits (such as unemployment, disability, or Social Security), statements showing interest income, dividend income, tax return showing the amount of EIC received, etc. Documents and records submitted with the SAR 7 shall be promptly returned to the recipient; and

- (g) Section 40-181.241(g)(QR) shall become inoperative and Section 40-181.241(g)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) Information reported on the QR 7 must be consistent with other information which the county has verified to be accurate; and

- (SAR) Information reported on the SAR 7 must be consistent with other information which the county has verified to be accurate, including any verified mid-period reports; and

(h) Section 40-181.241(h)(QR) shall become inoperative and Section 40-181.241(h)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The QR 7 shall include form QR 72 (as defined in Section 40-181.25(QR)) when the recipient is a sponsored ~~alien~~ non-citizen.

(SAR) The SAR 7 shall include form SAR 72 (as defined in Section 40-181.25(SAR)) when the recipient is a sponsored ~~alien~~ non-citizen.

(i) Section 40-181.241(i)(QR) shall become inoperative and Section 40-181.241(i)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The Senior Parent Quarterly Income Report (QR 73) shall be submitted with the QR 7 when a minor parent lives with his/her senior parent (see Section 89-201.5). The completeness of the QR 73 shall be determined using the criteria for evaluating the completeness of the QR 7.

(SAR) The Senior Parent Semi-Annual Income Report (SAR 73) shall be submitted with the SAR 7 when a minor parent lives with his/her senior parent (see Section 89-201.5). The completeness of the SAR 73 shall be determined using the criteria for evaluating the completeness of the SAR 7.

.242 Reserved

.243 The following information or evidence shall be provided before the appropriate deduction or disregard from earnings is allowed:

(a) Verification of self-employment expenses (see Section 44-113.212).

.244 Section 40-181.244(QR) shall become inoperative and Section 40-181.244(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Failure to provide the information or evidence specified in Section 40-181.243 shall result in the disallowance of the deduction. Failure to provide the information on the form or to provide the evidence shall not, in and of itself, render the QR 7 incomplete as defined in Section 40-181.241(QR).

(SAR) Failure to provide the information or evidence specified in Section 40-181.243 shall result in the disallowance of the deduction. Failure to provide the

information on the form or to provide the evidence shall not, in and of itself, render the SAR 7 incomplete as defined in Section 40-181.241(SAR).

.25 Sponsored ~~Alien~~ Non-Citizen Reporting.

Section 40-181.25(QR) shall become inoperative and Section 40-181.25(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) In addition to the Quarterly Eligibility Report (QR 7), the recipient who is a sponsored ~~alien~~ non-citizen as defined in Section 43-119 shall report the income and resources of the sponsor.

(SAR) In addition to the Semi-Annual Eligibility Report (SAR 7), the recipient who is a sponsored ~~alien~~ non-citizen as defined in Section 43-119 shall report the income and resources of the sponsor.

.251 Section 40-181.251(QR) shall become inoperative and Section 40-181.251(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

Reporting of the sponsor's income and resources.

(QR) The recipient shall submit a completed Sponsors Quarterly Income and Resources Report (QR 72) to the county. The recipient is responsible for obtaining all information necessary to complete the QR 72 and for obtaining any cooperation necessary from the sponsor.

(SAR) The recipient shall submit a completed Sponsors Semi-Annual Income and Resources Report (SAR 72) to the county. The recipient is responsible for obtaining all information necessary to complete the SAR 72 and for obtaining any cooperation necessary from the sponsor.

.252 Section 40-181.252(QR) shall become inoperative and Section 40-181.252(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The QR 72 shall be due by the 5th calendar day of the QR Submit Month but not before the first calendar day of the next QR Payment Quarter. When the county has not received the completed QR 72 by the 11th calendar day of the QR Submit Month, the recipient has not met the requirement for returning a complete QR 7. See Section 40-181.22(QR). The QR 72 shall be considered complete if all the following requirements are met:

(SAR) The SAR 72 shall be due by the 5th calendar day of the SAR Submit Month but not before the first calendar day of the next SAR Submit Month. When the

county has not received the completed SAR 72 by the 11th calendar day of the SAR Submit Month, the recipient has not met the requirement for returning a complete SAR 7. See Section 40-181.22(SAR). The SAR 72 shall be considered complete if all the following requirements are met:

- (a) Section 40-181.252(a)(QR) shall become inoperative and Section 40-181.252(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Dated no earlier than the first day of the QR Submit Month; and

(SAR) Dated no earlier than the first day of the SAR Submit Month; and

- (b) (Continued)

- (f) Section 40-181.252(f)(QR) shall become inoperative and Section 40-181.252(f)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Evidence shall be submitted with the QR 72 to establish the gross amount of income received by the sponsor, and the date of receipt. See Section 40-181.241(f)(QR) for examples of acceptable evidence.

(SAR) Evidence shall be submitted with the SAR 72 to establish the gross amount of income received by the sponsor, and the date of receipt. See Section 40-181.241(f)(SAR) for examples of acceptable evidence.

.253 Section 40-181.253(QR) shall become inoperative and Section 40-181.253(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A complete QR 7 includes form QR 72 (as defined in Section 40-181.251 (QR)) when a member of the AU is a sponsored ~~alien~~ non-citizen. The failure to provide a completed QR 72 on or before the 1st calendar day of the next QR Payment Quarter shall result in discontinuance for those members of the AU who are sponsored ~~aliens~~ non-citizens.

(SAR) A complete SAR 7 includes form SAR 72 (as defined in Section 40-181.251(SAR)) when a member of the AU is a sponsored ~~alien~~ non-citizen. The failure to provide a completed SAR 72 on or before the 1st calendar day of the next SAR Payment Period shall result in discontinuance for those members of the AU who are sponsored ~~aliens~~ non-citizens.

.26 Section 40-181.26(QR) shall become inoperative and Section 40-181.26(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Failure to report or verify the receipt of a child/spousal support disregard payment issued under Section 82-520.2 will not result in an incomplete QR 7 nor in termination of aid.

(SAR) Failure to report or verify the receipt of a child/spousal support disregard payment issued under Section 82-520.2 will not result in an incomplete SAR 7 nor in termination of aid.

.3 Methods of Periodic Determination of Eligibility

.31 Regulations governing the method of the initial determination also govern all continuing and periodic determinations. (See Sections 40-157 and 40-161.)

.311 Annual redeterminations, using the SAWS 2 form, shall include an interview with the parent or person responsible for the child. Where the parent is institutionalized, the interview should be conducted with the person having the responsibility for care and control of the child. This interview shall include a discussion of the recipient's responsibility to cooperate in a quality control review [see Section 40-131.3 (q)].

.312 Section 40-181.312(QR) shall become inoperative and Section 40-181.312(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Quarterly redeterminations using the QR 7 form, or special nonscheduled investigations conducted by the county, may include an interview with the parent or person responsible for the child.

(SAR) Semi-Annual redeterminations using the SAR 7 form, or special nonscheduled investigations conducted by the county, may include an interview with the parent or person responsible for the child.

.32 Section 40-181.32(QR) shall become inoperative and Section 40-181.32(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The recipient's statements or the statements of his/her guardian or any other person acting for him/her and completing the appropriate Statement of Facts and QR 7(s), together with information obtained from all other sources, shall be assessed in the light of facts previously known and in relation to potentials for change in eligibility status or amount of grant.

(SAR) The recipient's statements or the statements of his/her guardian or any other person acting for him/her and completing the appropriate Statement of Facts and SAR 7(s), together with information obtained from all other sources, shall be assessed in the light of facts previously known and in relation to potentials for change in eligibility status or amount of grant.

.33 (Continued)

.5 Determination of Eligibility During Absence From the State, County or Country (Continued)

.52 Except for children receiving Kin-GAP, when a periodic determination of eligibility is due during a recipient's temporary absence from the state or county, the Statement of Facts (SAWS 2) shall be sent to a welfare agency in the locality. Such agency shall be requested to interview the recipient, secure the signed SAWS 2 and return it with a report on the recipient's plan regarding his/her living arrangements, current needs and income, if he/she is out of state. (Continued)

Authority cited: Sections 10553, 10554, 10604, 11203, 11265.1, 11369, and 18904, Welfare and Institutions Code.

Reference: 42 U.S.C. 616(b) and (f); 45 CFR 233.28 and 233.29(c); and 45 CFR 235.112(b); 7 CFR 273.16(b); Sections 10063, 10553, 10554, 10604, 11008, 11203, 11253.5, 11254, 11265, 11265.1, 11265.2, 11265.3, 11265.8, 11280, 11450.12, 11451.5, 11486, and 11495.1, Welfare and Institutions Code; and Section 301(a)(1)(A) and (B) of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Public Law 104-193); California's Temporary Assistance for Needy Families State Plan dated October 9, 1996 and effective November 26, 1996; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 40-188 to read:

40-188 TRANSFER PROCEDURE

40-188

.1 First County

The first county shall: (Continued)

.13 Provide Documentation

Provide the second county within seven working days from the date that the first county notifies the second county of a case transfer (per Section 40-188.11), with copies of the most recent:

.131 CalWORKs

SAWS 1 (Application for Cash Aid, CalFresh and/or Medical Assistance). (Continued)

.14 Determine Eligibility

Section 40-188.14(QR) shall become inoperative and Section 40-188.14(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

Determine continuing eligibility and amount of cash aid from the most recent Quarterly Eligibility Report due during the transfer period. Once eligibility is determined, cash aid shall continue until the end of the QR Payment Quarter in which the transfer period ends.

(SAR)

Determine continuing eligibility and amount of cash aid from the most recent Semi-Annual Eligibility Report (SAR 7 or SAWS 2) due during the transfer period. Once eligibility is determined, cash aid shall continue until the end of the SAR Payment Period in which the transfer period ends.

.15 Inform

(Continued)

Authority cited: Sections 10553, 10554, 10605, 11052.6, 11053, 11102, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10605, and 11265.1, Welfare and Institutions Code; and Nickols v. Saenz Court Order Case Number 310867; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 40-190 to read:

40-190 COUNTY RESPONSIBILITY (Continued)

40-190

.2 Payment Responsibility

There shall be no interruption nor overlap in payment of aid when a recipient moves from one county to another county.

.21

Section 40-190.21(QR) shall become inoperative and Section 40-190.21(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Quarterly Reporting Cycle

The second county shall establish the recipient's quarterly reporting cycle which may differ from the first county's quarterly reporting cycle.

(SAR) Semi-Annual Reporting Cycle

The second county shall establish the recipient's semi-annual reporting cycle which may differ from the first county's semi-annual reporting cycle, but must remain aligned with the CalFresh recertification date.

.22 General Rule

(Continued)

Authority cited: Sections 10553, 10554, 10604, 11053, 11102, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, 11004, and 11265.1, Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 41-405 to read:

41-405 TERMINATION OF DEPRIVATION

41-405

.1 When a basis for deprivation ceases, and the family remains in need, the county shall determine if any other basis for deprivation exists.

.11 Section 41-405.11(QR) shall become inoperative and Section 41-405.11(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When a basis for deprivation ceases mid-quarter, the county shall not take mid-quarter action based on changes in deprivation. Any change in deprivation shall be reported on the QR 7 and any change in eligibility or grant amount that results from the change in deprivation shall be effective the first day of the next QR Payment Quarter.

(SAR) When a basis for deprivation ceases mid-period, the county shall not take mid-period action based on changes in deprivation. Any change in deprivation shall be reported on the SAR 7 or the SAWS 2 and any change in eligibility or grant amount that results from the change in deprivation shall be effective the first day of the next SAR Payment Period.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.2 and 11450.5, Welfare and Institutions Code.

Amend Section 42-209 to read:

42-209 DIFFERENTIATION OF PROPERTY AND INCOME (Continued) 42-209

.2 Section 42-209.2(QR) shall become inoperative and Section 42-209.2(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Under QR/PB, nonrecurring lump sum payments, which are not recurring regular income and usually nonrecurring in regard to amount and/or source, shall be treated as property in the month of receipt and any subsequent months.

(SAR) Under SAR, nonrecurring lump sum payments, which are not recurring regular income and usually nonrecurring in regard to amount and/or source, shall be treated as property in the month of receipt and any subsequent months.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.1, 11265.2, 11265.3, and 11450.5, Welfare and Institutions Code.

Amend Section 42-213 to read:

42-213 PROPERTY ITEMS TO BE EXCLUDED IN EVALUATING PROPERTY 42-213
WHICH MAY BE RETAINED

.1 Real Property to Be Excluded

.11 The following items are to be excluded-in evaluating real property: (Continued)

(h) The separate and community shares of real property of the absent parent which are unavailable to the CalWORKs family or child (i.e., the family or child does not have possession or control of the property so that the property may be used to meet current needs). Such unavailable property is to be excluded in cases where the child is living apart from his/her parent or parents. The exclusion applies to a child in foster care regardless of whether his/her parents are maintaining a home together.

(1) Section 42-213.11(h)(1)(QR) shall become inoperative and Section 42-213.11(h)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) An availability determination of the separate community shares of real property of an absent parent must be made by the county as part of the initial eligibility determination. After the initial eligibility determination, the county shall only make a determination when the county receives information on the QR 7 that there has been a change.

(SAR) An availability determination of the separate community shares of real property of an absent parent must be made by the county as part of the initial eligibility determination. After the initial eligibility determination, the county shall only make a determination when the county receives information on the SAR 7 or SAWS 2 that there has been a change. If the county receives a voluntary mid-period report of such a change, this information will only be reevaluated when the following semi-annual report is processed.

(i) (Continued)

.12 Real property, not otherwise excluded, that the assistance unit is making a good faith effort to sell may be exempt from consideration in the resource limit described in Section 42-207 for a period of no more than nine consecutive months. Any six-month period, which was the maximum period permitted by these regulations as they were effective prior to January 1, 1987, ending on or after December 31, 1986 may be extended to nine months at the recipient's request. (Continued)

.127 Section 42-213.127(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) If the nine month exemption period ends in the middle of a SAR Payment Period, and the property has not sold, the county must take mid-period action to discontinue the AU at the end of the month in which the exemption period ended, with timely and adequate notice (see Section 44-316.331(t)(SAR)).

.2 Personal Property and Vehicles to Be Excluded: The county shall determine personal property items and vehicles to be excluded in evaluating property in accordance with methods established under the CalFresh Program (see CalFresh regulations at Manual of Policies and Procedures Sections 63-501.3, .52, and .53) except as noted below. (Continued)

.23 Restricted accounts shall be excluded for CalWORKs recipients.

.231 Restricted Accounts (Continued)

(l) Applying the Period of Ineligibility

Section 42-213.231(l)(QR) shall become inoperative and Section 42-213.231(l)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When the county determines that a period of ineligibility is applicable, the period of ineligibility shall begin on the first day of the month of the next QR Payment Quarter following the reported nonqualifying withdrawal on the QR 7 and continue for the determined number of months.

(SAR) When the county determines that a period of ineligibility is applicable, the period of ineligibility shall begin on the first day of the month of the next SAR Payment Period following the reported nonqualifying withdrawal on the SAR 7 or SAWS 2 and continue for the determined number of months.

HANDBOOK BEGINS HERE

(m) Examples

Handbook Section 42-213.231(m)(QR) examples 1 and 2 shall become inoperative and Section 42-213.231(m)(SAR) examples 1 and 2 shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(1) Example 1:

(QR) An AU of three is in an April/May/June Quarter.

Bank balance prior to May withdrawal:	\$5,000
Amount withdrawn from account:	\$4,500
Amount used to purchase home:	\$3,000
Amount used to buy furniture:	\$1,500

(SAR) An AU of three is in a January through June SAR Period.

Bank balance prior to May withdrawal:	\$5,000
Amount withdrawn from account:	\$4,500
Amount used to purchase home:	\$3,000
Amount used to buy furniture:	\$1,500

(A) (Continued)

Example 2:

(QR) An AU of three is in the April/May/June Quarter and has the following property:

\$ 100	checking account
+1000	restricted account
<u>+ 800</u>	savings account
\$ 1900	Total

(SAR) An AU of three is in a January through June SAR Period and has the following property:

\$ 100	checking account
+1000	restricted account
<u>+ 800</u>	savings account
\$ 1900	Total

(A) (Continued)

HANDBOOK ENDS HERE

(n) Shortening The Period of Ineligibility

The county shall shorten the period of ineligibility when the AU reapplies for aid and the standard of need increases. (Continued)

.4 The home which was the usual home of an applicant/recipient who has entered into marital separation shall be treated as follows:

.41 The usual home shall be exempt in determining an applicant's eligibility for CalWORKs and for three months following the end of the month in which aid begins. (Continued)

.411 Section 42-213.411(QR) shall become inoperative and Section 42-213.411(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the exemption period ends mid-quarter, the county shall not act on the information during the QR Payment Quarter. The usual home shall be used to determine eligibility for the QR Payment Quarter following the QR Payment Quarter in which the exemption period ended.

(SAR) If the exemption period ends mid-period, the county shall not act on the information during the SAR Payment Period. The usual home shall be used to determine eligibility for the SAR Payment Period following the SAR Payment Period in which the exemption period ended.

.42 The usual home shall be exempt in evaluating a recipient's retained property during the month of separation and for three months following the end of the month in which the separation occurs.

.421 Section 42-213.421(QR) shall become inoperative and Section 42-213.421(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If the exemption period ends mid-quarter, the county shall not act on the information during the QR Payment Quarter. The usual home shall be used to determine eligibility for the QR Payment Quarter following the QR Payment Quarter in which the exemption period ended.

(SAR) If the exemption period ends mid-period, the county shall not act on the information during the SAR Payment Period. The usual home shall be used to determine eligibility for the SAR Payment Period following the SAR Payment Period in which the exemption period ended.

.43 (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11155.2, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11155, 11155.2, 11155.5, 11257, 11257.5, 11265.1, 11265.2, 11450, and 11450.5, Welfare and Institutions Code; Sidwell v. McMahon, United States District Court (E.D. Cal.) May 7, 1990, civil no. S-89-0445; Public Laws 97-458, 98-64, and 103-286; and Federal Action Transmittal 91-23, 45 CFR 233.20(a)(3)(i)(B); Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 42-221 to read:

42-221 TRANSFER OF PROPERTY OR INCOME

42-221

- .1 The receipt of aid shall not limit or restrict a recipient's right to give, receive, sell, exchange, or change the form of property. A period of ineligibility (POI) shall result when a recipient AU gives away or transfers, for less than fair market value (FMV), nonexcluded property (including cash) that would cause the AU to exceed its eligibility for cash aid. (See Section 42-207 for property limits.) (Continued)

.4 Income

Nonrecurring lump sum income/payments shall be treated as property and shall be subject to any application of POI rules for a transfer of property for less than FMV.

.41 Income is considered nonrecurring if all of the following apply: (Continued)

.5 Applying the Period of Ineligibility (POI)

.51 When the family has transferred property which results in a POI, cash aid shall be discontinued and the POI shall begin as follows:

- (a) Section 42-221.51(a)(QR) shall become inoperative and Section 42-221.51(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The first month of the next QR Payment Quarter following the transfer and shall continue for the determined number of months of ineligibility. Any aid received by the AU during the ineligible months of the quarter is an overpayment.

(SAR) The first month of the next SAR Payment Period following the transfer and shall continue for the determined number of months of ineligibility. Any aid received by the AU during the ineligible months of the SAR Period is an overpayment.

- (b) Section 42-221.51(b)(QR) shall become inoperative and Section 42-221.51(b)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When the transfer is discovered too late to discontinue for the first month of the QR Payment Quarter, the POI shall begin the first of a month within that QR Payment Quarter after timely and adequate notice is given. Any aid received by the AU during the ineligible month(s) of the current quarter is an overpayment.

(SAR) When the transfer is discovered too late to discontinue for the first month of the SAR Payment Period, the POI shall begin the first of a month within that SAR Payment Period after timely and adequate notice is given. Any aid received by the AU during the ineligible month(s) of the current SAR Payment Period is an overpayment.

(c) Section 42-221.51(c)(QR) shall become inoperative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When the transfer is in the first or second month of aid, any resulting POI shall begin the first month of the next QR Payment Quarter and shall continue for the determined number of months.

.6 Transfer of property rules do not apply to applicant families.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11157.5 (Ch. 270, Stats. of 1997 and Ch. 902, Stats. of 1998), 11265.1, 11265.2, 11265.3, and 11450.5, Welfare and Institutions Code.

Amend Section 42-302 to read:

42-302 48-MONTH TIME LIMIT REQUIREMENTS FOR ADULTS (Continued) 42-302

.2 Counting the 48-Month Limit

Any month or partial month in which an adult is included in an AU that receives a cash grant, including Special Needs (see Section 44-211), shall count for the purposes of the 48-month time limit, except as provided in Sections 42-302.21 (Exempt Months) and 42-302.22 (Diversion Count).

Any overpayment month, (an entire month of aid in which the recipient was not entitled to cash aid), that is fully repaid shall not count for the purposes of the 48-month time limit.

.21 Exempt Months

(Continued)

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11266.5, 11320, 11320.3, 11454, 11454(e) and (e)(5), 11454.2, 11454.5, 11454.5(b) and (b)(4) and (5), and 11495.1, Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); and 42 U.S.C. 608(a)(7)(a), (B) and (D).

Amend Section 42-406 to read:

42-406 COUNTY WELFARE DEPARTMENT RESPONSIBILITY

42-406

- .1 Physical absence from the state indicates a possible change of residence. The county shall make inquiry, on a monthly basis, from all applicants or recipients who have been continuously absent from the state for 30 days or longer in order to ascertain the recipient's intent to maintain California residency. If the inquiry establishes (see Section 42-407.2) that the recipient is no longer a California resident, aid shall be discontinued at the end of the month in which timely and adequate notice can be given.
- .2 The response to the inquiry shall include, but is not limited to, the following:
(Continued)
 - .24 Section 42-406.24(QR) shall become inoperative and Section 42-406.24(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration
- (QR) the completion and return of QR 3 or QR 7, giving his current employment status, and all other factors normally used to compute the recipient's needs.
- (SAR) the completion and return of the SAR 3 or SAR 7, giving his or her current employment status, and all other factors normally used to compute the recipient's needs.
- .25 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11265.2, Welfare and Institutions Code.

Amend Section 42-407 to read:

42-407 EVIDENCE OF RESIDENCE INTENTION

42-407

.1 Applicant or Recipient Physically Present in State

Section 42-407.1(QR) shall become inoperative and Section 42-407.1(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The written statement of the applicant or recipient is acceptable to establish his intention and action on establishing residence unless the statement is inconsistent with other statements on the SAWS 2, QR 7, or recipient mid-quarter report, or with the conduct of the person or with other information known to the county.

(SAR) The written statement of the applicant or recipient is acceptable proof to establish his or her intention of establishing residence unless the statement is inconsistent with the conduct of the person, with other information known to the county, or with other statements on the SAWS 2, SAR 7, or recipient mid-period reports.

.2 Absence From the State

.21 If an applicant or recipient does not respond, within 30 days, to the monthly county inquiry of residence (Section 42-406), it shall be presumed that he does not intend to maintain California residency and aid shall be discontinued at the end of the month in which timely and adequate notice can be given.

.22 If the applicant or recipient responds to the inquiry, and advises the county that he does not intend to return to California, aid shall be discontinued at the end of the month in which timely and adequate notice can be given. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 11265.2, Welfare and Institutions Code; Senate Bill (SB) 991, Chapter 1285, Statutes of 1989; and WRL vs. McMahon, Case No. 268972 (Sacramento Superior Court), October 31, 1990.

Amend Section 42-716 to read:

42-716 WELFARE-TO-WORK ACTIVITIES (Continued)

42-716

.7 Grant-based OJT (Continued)

.74 The CWD shall administer grant-based-OJT funded positions in a manner that minimizes any break in income received by the participant as a grant, or as a wage subsidized by the diverted grant and/or grant savings upon entry into, during, or upon exit from the assignment.

.741 Section 42-716.741(QR) shall become inoperative and Section 42-716.741(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A grant-based OJT placement may begin mid-quarter.

(SAR) A grant-based OJT placement may begin mid-period.

.742 (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11253.5(b), 11265.1, 11265.2, 11320.3(b)(2), 11322.6, 11322.61, 11322.63, 11322.7, 11322.8, 11322.9, 11323.25, 11324.4, 11324.6(a), 11325.21(a) and (d)(1), 11325.22(b)(1), 11325.7(a), (c), (d), 11325.8(a), (c), (d), and (f), 11326, 11327.5, 11450.5, 11451.5, 11454, and 11454.2, Welfare and Institutions Code; and Section 8358(c)(2), Education Code; 7 U.S.C. 2029(a)(1); 7 U.S.C. 2035; U.S. Department of Labor guidance on FLSA, with attached U.S.D.A., Food and Nutrition Service (FNS) guidance on an SFSP, dated May 22, 1997; Simplified Food Stamp Program approval letters from FNS to implement the provisions of an SFSP, dated May 5, 2000 and August 3, 2000.

Amend Section 42-721 to read:

42-721 NONCOMPLIANCE WITH PROGRAM REQUIREMENTS (Continued) 42-721

.4 Sanctions

.41 Financial sanctions shall be applied when a non-exempt welfare-to-work participant has failed or refused to comply with program requirements without good cause and compliance efforts have failed. (Continued)

.412 Section 42-721.412(QR) shall become inoperative and Section 42-721.412 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A financial sanction is a county-initiated mid-quarter change pursuant to Section 44-316.331(b)(QR).

(SAR) A financial sanction is a county-initiated mid-period change pursuant to Section 44-316.331(b)(SAR).

.42 (Continued)

.48 The CWD shall restore aid: (Continued)

.483 Section 42-721.483(QR) shall become inoperative and Section 42-721.483 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Restoration of aid due to the noncomplying participant performing the activities he or she previously refused to perform, in accordance with Sections 42-721.43 and 44-318.13(QR), is a county-initiated mid quarter change pursuant to Section 44-316.331(c)(QR).

(SAR) Restoration of aid due to the noncomplying participant performing the activities he or she previously refused to perform, in accordance with Sections 42-721.43 and 44-318.13(SAR), is a county-initiated mid-period change pursuant to Section 44-316.331(c)(SAR). (Continued)

.49 The CWD shall grant aid:

.491 On the first day of the month following the date that the individual contacted the county to indicate his or her desire to end the sanction, once the activities in accordance with Section 42-721.43 have been successfully completed, if the individual applies for aid, is determined to be in compliance with program requirements, and is otherwise eligible.

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Handbook Section 42-721.491(a)(QR) shall become inoperative and Handbook Section 42-721.491(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) (a) Example: An individual who was sanctioned and left aid with his family after failing to participate in vocational education contacts the CWD on July 1 to reapply for aid. His family is determined eligible for aid on July 5 and aid is granted to the family as of July 5; before aid can be granted for the sanctioned individual he must cure his sanction. The individual signs his curing plan on July 5, participates in a vocational education program for 30 days, and successfully cures his sanction on August 3. If the individual is otherwise eligible, his cash aid is granted back to August 1 as a county-initiated mid-quarter change pursuant to Section 44-316.331(c)(QR).
- (SAR) (a) Example: An individual who was sanctioned and left aid with his family after failing to participate in vocational education contacts the CWD on July 1 to reapply for aid. His family is determined eligible for aid on July 5 and aid is granted to the family as of July 5; before aid can be granted for the sanctioned individual he must cure his sanction. The individual signs his curing plan on July 5, participates in a vocational education program for 30 days, and successfully cures his sanction on August 3. If the individual is otherwise eligible, his cash aid is granted back to August 1 as a county-initiated mid-period change pursuant to Section 44-316.331(c)(SAR).

HANDBOOK ENDS HERE

.5 State Hearing and Formal Grievance (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 11203, 11265.2, 11320, 11320.31, 11322.9, 11324.8(d), 11327.4, 11327.5(a) through (e), 11327.6, 11327.8, 11327.9, 11328.2, 11333.7, 11454, 11454.2, and 16501.1(d), (e), (f), and (g), Welfare and Institutions Code

Amend Section 42-751 to read:

42-751 UNDERPAYMENTS AND OVERPAYMENTS FOR 42-751
TRANSPORTATION AND ANCILLARY SUPPORT SERVICES (Continued)

.4 Collection of Overpayments (Continued)

(e) Reasonable efforts shall include written notification of the amount of the overpayment and that repayment is required. The following are reasonable cost-effective collection methods: (Continued)

(4) Section 42-751.4(e)(4)(QR) shall become inoperative and Section 42-751.4(e)(4)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Recoupment by grant adjustment shall be conducted in accordance with Section 44-352.41(QR).

(SAR) Recoupment by grant adjustment shall be conducted in accordance with Section 44-352.41(SAR).

(f) (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10063, 11004(g), (h), (i), (k), and (l), 11265.2, and 11323.4(b), Welfare and Institutions Code.

Amend Section 42-769 to read:

42-769 APPLICATION OF BONUSES AND SANCTIONS (Continued) 42-769

.4 Treatment of Bonuses and Sanctions in Other Calculations

The county shall not include a Cal-Learn bonus or sanction in the calculation of an overpayment adjustment or a homeless assistance payment.

.5 Section 42-769.5(QR) shall become inoperative and Section 42-769.5(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Treatment of Bonuses and Sanctions as County-Initiated Mid-Quarter Actions

(QR) Cal-Learn bonuses and sanctions are considered county-initiated mid-quarter actions as described in Section 44-316.33(QR).

(SAR) Treatment of Bonuses and Sanctions as County-Initiated Mid-Period Actions

(SAR) Cal-Learn bonuses and sanctions are considered county-initiated mid-period actions as described in Section 44-316.33(SAR).

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10063, 11265.2, and 11333.7(a) and (d), Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); 45 CFR 250.40(a); Federal Waiver Terms and Conditions for the California Work Pays Demonstration Project, March 1994, and Waiver Authority for the California Work Pays Demonstration Project as transmitted by the United States Department of Health and Human Services Administration for Children and Families letter dated March 1, 1994.

Amend Section 44-101 to read:

44-101 INCOME DEFINITIONS

44-101

(a) Section 44-101(a)(QR) shall become inoperative and Section 44-101(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Income, generally, is any benefit in cash or in kind which is reasonably anticipated to be available to the individual or is received by him as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies. To be considered in determining the cash aid payment, income must be reasonably anticipated to be available to needy members of the family in meeting their needs during the QR Payment Quarter. Subject to this limitation and the exemptions and exclusions, as specified in Section 44-111 of this chapter, such benefits are taken into consideration as income in evaluating the need of the recipient and in determining the amount of cash aid to which the recipient is entitled.

(SAR) Income, generally, is any benefit in cash or in-kind which is reasonably anticipated to be available to the individual or is received by him/her as a result of current or past labor or services, business activities, interests in real or personal property, or as a contribution from persons, organizations or assistance agencies. To be considered in determining the cash aid payment, income must be reasonably anticipated to be available to needy members of the family in meeting their needs during the SAR Payment Period. Subject to this limitation and the exemptions and exclusions, as specified in Section 44-111 of this chapter, such benefits are taken into consideration as income in evaluating the need of the recipient and in determining the amount of cash aid to which the recipient is entitled.

(b) Separate and Community Income

(1) Separate income is: (Continued)

(D) Section 44-101(b)(1)(D)(QR) shall become inoperative and Section 44-101(b)(1)(D)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Funds awarded a married person from his/her spouse in a civil action for personal injuries are considered that spouse's separate income during the month of receipt, and separate property if retained past the month of receipt. If these funds are paid as a nonrecurring lump sum payment, then the funds shall be treated as property in accordance with Section 42-209.2(QR).

(SAR) Funds awarded a married person from his/her spouse in a civil action for personal injuries are considered that spouse's separate income during the month of receipt, and separate property if retained past the month of receipt. If these

funds are paid as a nonrecurring lump sum payment, then the funds shall be treated as property in accordance with Section 42-209.2(SAR).

(2) Community income is: (Continued)

(C) Section 44-101(b)(2)(C)(QR) shall become inoperative and Section 44-101(b)(2)(C)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Funds awarded a married person in a civil action for personal injuries are considered community income during the month of receipt and community property if retained past the month of receipt except as provided in Section 44-101(b)(1)(D)(QR), 42-203.5, and 42-205.3. If these funds are paid as a nonrecurring lump sum payment, then the funds shall be treated as property in accordance with Section 42-209.2(QR).

(SAR) Funds awarded a married person in a civil action for personal injuries are considered community income during the month of receipt and community property if retained past the month of receipt except as provided in Section 44-101(b)(1)(D)(SAR), 42-203.5, and 42-205.3. If these funds are paid as a nonrecurring lump sum payment, then the funds shall be treated as property in accordance with Section 42-209.2(SAR).

(c) Reasonably Anticipated Income

(1) Section 44-101(c)(1)(QR) shall become inoperative and Section 44-101(c)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Income is reasonably anticipated when the county determines it is reasonably certain that the recipient will receive a specified amount of income during any month of the QR Payment Quarter. This definition applies to both earned and unearned income. See Section 44-315.31(QR).

(SAR) Income is reasonably anticipated when the county determines it is reasonably certain that the recipient will receive a specified amount of monthly income during the SAR Payment Period. This definition applies to both earned and unearned income. See Section 44-315.31(SAR).

(d) Current Income (Continued)

(l) Lump Sum Income

Lump sum income is any income received by an AU which is not recurring regular income. Lump sum income is usually nonrecurring in regard to amount and/or source. Lump sum income includes but is not limited to the following: retroactive social

insurance payments, real estate commissions such as from sales, income from freelance work, net proceeds from sale of a crop and bonuses.

- (1) Section 44-101(l)(1)(QR) shall become inoperative and Section 44-101(l)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Lump sum nonrecurring payments are considered property under the quarterly reporting/prospective budgeting system (see Section 42-209.2(QR)).

(SAR) Lump sum nonrecurring payments are considered property under the semi-annual reporting system (see Section 42-209.2(SAR)).

(m) Income Reporting Threshold (IRT)

- (1) Section 44-101(m)(1)(QR) shall become inoperative and Section 44-101(m)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The level of income that triggers the need for a CalWORKs AU to report a mid-quarter change in income.

(SAR) The level of income that triggers the need for a CalWORKs AU to report a mid-period change in income (see Section 44-316.324(SAR)).

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11265.1, 11265.2, 11265.3, 11450.5, and 11451.5 (Ch. 270, Stats. 1997), Welfare and Institutions Code; Federal Action Transmittal ACF-AT-94-12; 45 CFR 233.20(a)(6)(iii); 45 CFR 233.20(a)(6)(v)(B); Sallis v. McMahon, Sacramento County Superior Court, case no. 364308, January 30, 1991 and 45 CFR 233.20(a)(3)(iv)(B) and (a)(4)(ii)(d).

Amend Section 44-102 to read:

44-102 AVAILABILITY OF INCOME

44-102

.1 Section 44-102.1(QR) shall become inoperative and Section 44-102.1(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) All reasonably anticipated income shall be considered to be available to meet the needs of the AU during the QR Payment Quarter and shall be considered when determining eligibility and grant amount, except:

(SAR) All reasonably anticipated income shall be considered to be available to meet the needs of the AU during the SAR Payment Period and shall be considered when determining eligibility and grant amount, except:

.11 INTEREST INCOME (Continued)

.14 Section 44-102.14(QR) shall become inoperative and Section 44-102.14(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) MONTHLY RECURRING UNEARNED GOVERNMENTAL BENEFITS -
Monthly benefits (e.g., Social Security benefits, or Veterans benefits, etc.) shall be considered to be available in the month the payment is reasonably anticipated to be received or is intended for (see Section 44-315.31(QR)), when the income meets the following criteria:

(SAR) MONTHLY RECURRING UNEARNED GOVERNMENTAL BENEFITS -
Monthly benefits (e.g., Social Security benefits, or Veterans benefits, etc.) shall be considered to be available in the month the payment is reasonably anticipated to be received or is intended for (see Section 44-315.31(SAR)), when the income meets the following criteria:

.141 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11157 (Ch. 270, Stats. 1997), 11265.2, and 11450.5, Welfare and Institutions Code.

Amend Section 44-111 to read:

44-111 PAYMENTS EXCLUDED OR EXEMPT FROM CONSIDERATION 44-111
AS INCOME (Continued)

.4 Exclusions or Exemptions of Other Payments and Income (Continued)

44 Infrequent Income

.441 Income that is received in prospectively budgeted months and is received too infrequently to be reasonably anticipated, shall be exempt from consideration.

.45 Income in Kind (Continued)

.47 Child/Spousal Support Disregard (Continued)

.472 When a current child/spousal support payment is received or reasonably anticipated to be received by the assistance unit directly from the absent parent, the first \$50 of such payment is disregarded and the balance of the support payment is considered income to the AU. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 11008.15, 11265.2, 11280, 11322.6(f)(3), 11157, 11450.5, 11450.12, 11451.5, and 11451.7, Welfare and Institutions Code; 42 USC Section 602(g)(1)(E)(i); Section 8, Public Law 93-134; Section 2, Public Law 98-64; Section 13736, Public Law 103-66; Section 1, Public Law 100-286, Section 202(a), Public Law 100-485 and 20 USC 1087uu; 45 CFR 233.20(a)(3)(iv)(B), (a)(3)(xxi), 45 CFR 233.20(a)(4)(ii); (a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p) and (q); 45 CFR 233.20(a)(11)(v)(C); 45 CFR 255.3(f)(1); 45 CFR 400.66; 45 CFR 401.12; Federal Action Transmittals ACF-AT-94-27 and 94-4 and FSA-IM-89-1; 45 CFR 233.20(a)(1)(ii); 45 CFR 233.20(a)(3)(x); and Cadaret v. Wagner (Super. Ct. Sacramento County, 2011, No. 34-2009-80000302, Stipulation for Settlement and Order)

Amend Section 44-113 to read:

44-113 NET INCOME (Continued)

44-113

.2 Earnings

.21 Computation of Net Nonexempt Earned Income for CalWORKs

To determine the amount of Net Nonexempt Earned Income for the month, the following steps shall be taken:

.211 Section 44-113.211(QR) shall become inoperative and Section 44-113.211(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Determine the total amount of commissions, wages or salary earned as an employee that the AU reasonably anticipates receiving (see Section 44-101(c)(1)(QR)) during each month of the QR Payment Quarter (i.e., total income irrespective of expenses, voluntary or involuntary deductions). To determine total earnings for each month, some earnings may have to be allocated to each month pursuant to Section 44-102. Also, the monetary value of any in-kind earned income per Section 44-115 shall be included. Do not include earnings exempted in entirety under Section 44-111.22.

(SAR) Determine the total amount of commissions, wages or salary earned as an employee that the AU received in the Data Month and any reasonably anticipated (see Section 44-101(c)(1)(SAR)) changes to this income in the next SAR Payment Period (i.e., total income irrespective of expenses, voluntary or involuntary deductions). Also, the monetary value of any in-kind earned income per Section 44-115 shall be included. Do not include earnings exempted in entirety under Section 44-111.22.

.212 Section 44-113.212(QR) shall become inoperative and Section 44-113.212(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Determine the total profit reasonably anticipated to be earned from self-employment during each month of the QR Payment Quarter by an applicant/recipient whose earnings are not exempted under Section 44-111.22 by offsetting the reasonably anticipated monthly business expenses against the reasonably anticipated monthly gross income from self-employment. When the computation of total profit earned in a month from self-employment disclosed shows that a loss has occurred, earned income from self-employment for that month shall be zero. No additional offset shall be allowed against the family's other income.

(SAR) Determine the total monthly profit reasonably anticipated to be earned from self-employment by an applicant/recipient whose earnings are not exempted under Section 44-111.22 by offsetting the Data Month business expenses against the Data Month gross income from self-employment. When the computation of total profit earned in a month from self-employment disclosed shows that a loss has occurred, earned income from self-employment for that month shall be zero. No additional offset shall be allowed against the family's other income. Unless the recipient reasonably anticipates a change, use this income amount to calculate the grant for the upcoming SAR Payment Period.

(a) The applicant or recipient who is self-employed shall choose one of the following deductions: (Continued)

(2) reasonably anticipated self-employment expenses to the same extent allowed in the CalFresh Program (Section 63-503.41).

(b) (Continued)

.213 Section 44-113.213(QR) shall become inoperative and Section 44-113.213(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Combine the total monthly earnings for the family determined in Section 44-113.211(QR) with the monthly net self-employment income determined in Section 44-113.212(QR).

(SAR) Combine the total monthly earnings for the family determined in Section 44-113.211(SAR) with the monthly net self-employment income determined in Section 44-113.212(SAR).

.214 Apply, as specified in Section 44-111.23, the \$225 disregard to the reasonably anticipated total monthly disability-based unearned income for the family.

.215 Section 44-113.215(QR) shall become inoperative and Section 44-113.215(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Apply up to \$112 of the remainder of the \$225 disability-based unearned income disregard to the reasonably anticipated total monthly earned income for the family as determined in Section 44-113.213(QR).

(SAR) Apply up to \$112 of the remainder of the \$225 disability-based unearned income disregard to the reasonably anticipated total monthly earned income for the family as determined in Section 44-113.213(SAR). (Continued)

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- .22 Section 44-113.22(QR) shall become inoperative and Section 44-113.22(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Net Nonexempt Income Computation

Example 1

A nonexempt AU of three (a parent and two children) has gross monthly earned income of \$775 per month, with no other income. The monthly income is reasonably anticipated to continue at the same amount for the QR Payment Quarter. The family lives in Region 1.

\$ 775	Earned Income
<u>- 112</u>	\$112 Earned Income Disregard
\$ 663	Subtotal
<u>- 331</u>	50% Earned Income Disregard*
\$ 331	Total Net Nonexempt Income*

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP 44-315.34.

(SAR) Net Nonexempt Income Computation

Example 1

A nonexempt AU of three (a parent and two children) in Region 1 reports receiving gross monthly earned income of \$775 per month in the Data Month, and no other income. The Data Month income is reasonably anticipated to continue at the same amount for the SAR Payment Period.

\$ 775	Earned Income
<u>- 112</u>	\$112 Earned Income Disregard
\$ 663	Subtotal
<u>- 331</u>	50% Earned Income Disregard*
\$ 331	Total Net Nonexempt Income*

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP 44-315.34.

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.3 Net Income from Social Security, Railroad Retirement Benefits and Other Pensions

.31 Section 44-113.31(QR) shall become inoperative and Section 44-113.31(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Net income from Social Security or from Railroad Retirement Benefits is the amount reasonably anticipated to be paid to or on behalf of a member of the assistance unit in the QR Payment Quarter except:

(SAR) Net income from Social Security or from Railroad Retirement Benefits is the amount determined to be paid to or on behalf of a member of the assistance unit in the SAR Payment Period except:

.311 (Continued)

.32 Section 44-113.32(QR) shall become inoperative and Section 44-113.32(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Net income from other types of pensions and similar sources is the amount reasonably anticipated to be received in the QR Payment Quarter or, if the individual is required to pay income tax on such income or has other required expenses in receiving such income, net income is the amount received less these expenses.

(SAR) Net income from other types of pensions and similar sources is the amount reasonably anticipated for the SAR Payment Period or, if the individual is required to pay income tax on such income or has other required expenses in receiving such income, net income is the amount received less these expenses.

.4 Unrelated Adults, Including Unrelated Adult Males, Living in the Home

.41 Net income to the Family Budget Unit (FBU) from an unrelated adult living in the home including an Unrelated Adult Male (UAM) is the sum of:

.411 Section 44-113.411(QR) shall become inoperative and Section 44-113.411(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) cash reasonably anticipated to be given to the AU in the QR Payment Quarter which is available to meet the needs of the AU and:

(SAR) cash reasonably anticipated to be given to the AU in the SAR Payment Period which is available to meet the needs of the AU and:

.412 Section 44-113.412(QR) shall become inoperative and Section 44-113.412(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) the value of full items of need reasonably anticipated to be provided in-kind to the AU in the QR Payment Quarter. An item is not considered to be provided in-kind to the AU if the AU is receiving this full item of need in exchange for the AU providing the UAM with a different item. For example, if a UAM and a CalWORKs mother agree that he will pay the rent if she pays their food and utilities, the AU is not receiving in-kind income for housing.

(SAR) the value of full items of need reasonably anticipated to be provided in-kind to the AU in the SAR Payment Period. An item is not considered to be provided in-kind to the AU if the AU is receiving this full item of need in exchange for the AU providing the UAM with a different item. For example, if a UAM and a CalWORKs mother agree that he will pay the rent if she pays their food and utilities, the AU is not receiving in-kind income for housing.

.42 Section 44-113.42(QR) shall become inoperative and Section 44-113.42(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Cash that is reasonably anticipated to be given to the AU in the QR Payment Quarter does not include:

(SAR) Cash that is reasonably anticipated to be given to the AU in the SAR Payment Period does not include:

.421 (Continued)

.423 Cash which the CalWORKs mother and unrelated adult have specifically agreed constitutes the unrelated adult's share of the cost-of-living arrangement. For example, assume a UAM is required to make a financial contribution of \$182 to the FBU. (See Section 43-109.1 and .2.) If the UAM and CalWORKs mother agree that the UAM's share of the cost-of-living is \$200 and the UAM gives the mother his \$200 share, no part of this \$200 is available to meet the needs of the FBU. (Continued)

.44 The value of full items of need provided to the FBU is determined according to Section 44-115.3. For example, assume that a UAM and his child live with a CalWORKs mother and her two children. If the UAM pays the entire \$300 rent to the landlord, the value of the full item of need to the FBU is the lesser of (1) the in-kind income table amount for housing for three; or (2) $\frac{3}{5}$ of \$300 (\$180). If the in-kind income table amount were \$163, the amount of in-kind income for housing to the FBU would be \$163.

.5 Section 44-113.5(QR) shall become inoperative and Section 44-113.5(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Child/spousal support which is reasonably anticipated to be paid during the QR Payment Quarter to the AU by the absent parent and not forwarded to the county shall be considered available income except as specified in Section 44-111.47.

(SAR) Child/spousal support which is reasonably anticipated to be paid during the SAR Payment Period to the AU by the absent parent and not forwarded to the county shall be considered available income except as specified in Section 44-111.47.

.6 Refunds of Retirement Contributions

.61 Section 44-113.61(QR) shall become inoperative and Section 44-113.61(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the Director's SAR Declaration.

(QR) Nonrecurring lump sum refunds of the employer's share of retirement contributions shall be treated as property (see Section 42-209.2(QR)).

(SAR) Nonrecurring lump sum refunds of the employer's share of retirement contributions shall be treated as property (see Section 42-209.2(SAR)). (Continued)

.62 Section 44-113.62(QR) shall become inoperative and Section 44-113.62(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Recurring interest earned on accumulated retirement contributions shall be treated as income in the month it is reasonably anticipated to be received. If the interest payment is nonrecurring, it shall be treated as property (see Section 42-209.2(QR)).

(SAR) Recurring interest earned on accumulated retirement contributions shall be treated as income in the month it is reasonably anticipated to be received. If the interest payment is nonrecurring, it shall be treated as property (see Section 42-209.2(SAR)).

.7 Death Benefits (Continued)

.8 Income from Payments Which Include Compensation for Converted Property (see Section 44-105)

Section 44-113.8(QR) shall become inoperative and Section 44-113.8(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) That portion of a payment defined in Section 44-105.3 which exceeds the value of the converted property and is recurring in nature is income. If that portion of the payment that is to be received is nonrecurring it shall be treated as property (see Section 42-209.2 (QR)).

(SAR) That portion of a payment defined in Section 44-105.3 which exceeds the value of the converted property and is recurring in nature is income. If that portion of the payment that is to be received is nonrecurring it shall be treated as property (see Section 42-209.2 (SAR)).

Net income is that income which remains after deducting the following expenses if the recipient shows the expenses were paid by the recipient while he was a recipient and were directly related to the receipt of the payment.

.81 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10063, 10553, 10554, 10790, 10791, 11008, 11008.19, 11017, 11155.3, 11157, 11265.1, 11265.2, 11265.3, 11450, 11450.5, 11450.12, and 11451.5, 11453, Welfare and Institutions Code; 45 CFR 233.10; 45 CFR 233.20(a)(3)(ii)(C); 45 CFR 233.20(a)(3)(vi)(A); 45 CFR 233.20(a)(6)(v)(B); 45 CFR 255.3; 45 CFR 233.20(a)(3)(iv)(B); 45 CFR 233.20(a)(3)(xxi); 45 CFR 233.20(a)(4)(ii)(d); 45 CFR 233.20(a)(4)(ii)(p); Darces v. Woods (1984) 35 Cal. 3d 871; and Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995.

Amend Section 44-115 to read:

44-115 EVALUATION OF INCOME IN-KIND

44-115

When a need item is earned or contributed in kind, the income value placed upon such earnings, contributions, etc., is the amount specified below.

.1 Free Board and Lodging Received During Temporary Absence from Home

.11 Absence One Month or Less

The value of free board and lodging reasonably anticipated to be received by a recipient during a temporary absence from his/her home of not more than one calendar month shall be exempt.

.12 Absence Exceeds One Month

Section 44-115.12(QR) shall become inoperative and Section 44-115.12(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) After an absence of one month, free board and lodging, i.e., food, shelter and utilities reasonably anticipated to be received during the QR Payment Quarter, shall be considered income, but only to the extent that continuing allowances in the grant for these items exceed the cost to the recipient of maintaining the home to which he/she expects to return. (Welfare and Institutions Code Section 11009.1.)

(SAR) After an absence of one month, free board and lodging, i.e., food, shelter and utilities reasonably anticipated to be received during the SAR Payment Period, shall be considered income, but only to the extent that continuing allowances in the grant for these items exceed the cost to the recipient of maintaining the home to which he/she expects to return. (Welfare and Institutions Code Section 11009.1.)

.2 Nonneedy Relatives

.21 Evaluation of Income In Kind from Nonneedy Relatives Other Than Natural or Adoptive Parents

Income in kind will only be considered if the nonneedy relative chooses to make a voluntary contribution to the AU. The county shall determine if the nonneedy relative wishes to contribute income in kind to the support of the child(ren) in his/her care. If he/she does so, the amount of a contribution reasonably anticipated to be received shall be determined in accordance with Section 44-115.3, In-kind Income Values, and be considered net income to the AU.

Natural or adoptive parent, stepparents of CalWORKs children whose natural parent is in the home, or any other adult whose needs are met through CalWORKs, SSI/SSP, IHSS, or other need based programs shall not be considered to be nonneedy relatives for purposes of this section and no income in kind may be considered.

.3 In-Kind Income Values

.31 Provided that a lower value is not established in accordance with .32 below, the in-kind income amounts effective July 1, 2012 for housing, utilities (including telephone), food and clothing, as adjusted for any increases or decreases in the cost of living specified in .311, and published by the CDSS, shall apply for those item(s) of need received in-kind by the AU. If a lower value is established in accordance with .32 below, such value shall apply for the appropriate item(s) of need received in-kind by the AU.

.311 Individual in-kind income amounts shall be adjusted by the same percentage increase or decrease that is applied to the Minimum Basic Standard of Adequate Care (MBSAC) levels. Such adjustments to the in-kind income amounts shall be effective at the same time as adjustments to the MBSAC levels become effective.

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(a) INCOME IN-KIND AMOUNTS - REGION 1

Needs Considered # in AU	Housing	Utilities	Food	Clothing
1	260	56	143	44
2	347	62	305	85
3	380	65	390	127
4	398	68	483	168
5	398	68	585	212
6	398	68	677	254
7	398	68	755	298
8	398	68	825	333
9	398	68	907	383
10	398	68	979	420

INCOME IN-KIND AMOUNTS - REGION 2

Needs Considered in AU	Housing	Utilities	Food	Clothing
1	249	56	143	44
2	330	62	305	85
3	361	65	390	127
4	380	68	483	168
5	380	68	585	212
6	380	68	677	254
7	380	68	755	298
8	380	68	825	333
9	380	68	907	383
10	380	68	979	420

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- .32 If the applicant or recipient does not agree with the value arrived at in Section 44-115.31, he/she may submit evidence of the value of the in-kind income item which he/she receives or reasonably anticipates receiving. For housing and clothing, the in-kind income shall be the net market value (see Section 42-203.7) of the item reasonably anticipated to be received. For utilities and food, the in-kind income value shall be the cost to the person who will pay for the item.

If the applicant or recipient presents satisfactory evidence that the value of the item reasonably anticipated to be received in kind is other than the value specified in Section 44-115.31, such evidence shall be used by the county in determining the value of the item if it is to the recipient's financial advantage. Recipients who are having in-kind income deducted from their grants should be informed that this method of contesting the values established in Section 44-115.31 exists.

- .33 If an applicant or recipient presents satisfactory evidence of the value of a need item shared with persons who are not members of the AU or whose needs are not considered in the AU, the in-kind value attributable to the AU shall be the lesser of:
(Continued)

- .333 Example: If an AU of three in Region 1 whose needs are all considered shares free housing with another person, making a household of four, and the applicant or recipient presents satisfactory evidence that the net market value of the housing is \$120, the in-kind value of the housing to the AU would be \$90 ($\frac{3}{4}$ of \$120). If the net market value of the housing is \$520, in this example, then the AU's pro rata share of this amount would be \$390 – however, if the in-kind income table value for housing for an AU of three in Region 1 was \$380*, the \$380* value would be used because the table values established in accordance with .311 represent the maximum in-kind income value that may be applied.

* The amount \$380 is subject to change. Use the currently applicable amount established in accordance with 44-115.311.

Authority cited: Sections 10553, 10554, 11450, 11452.018, and 11453, Welfare and Institutions Code.

Reference: Sections 11265.8, 11253.5, 11265.2, 11450, 11450.015, 11450.4(c), 11450.5, 11452, 11452.018, 11453, and 11486, Welfare and Institutions Code; and Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992.

Amend Section 44-133 to read:

44-133 TREATMENT OF INCOME – CALWORKS (Continued)

44-133

.5 Income and Needs in Cases in Which a Person is Excluded (Continued)

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- .54 The following examples are provided to illustrate how to determine financial eligibility for the family in accordance with Sections 44-207.1 and .2 and the aid payment computation in accordance with Section 44-315.

Example 1: Family with No Ineligible ~~Alien~~ Non-Citizen Members

Applicant applies on behalf of herself and her two dependent children. Also living in the home is a stepparent and his separate child. Stepparent earns \$2000 per month from full-time employment. Mother receives \$300 per month in State Disability Insurance benefits. No other income is received by family members. The AU resides in Region 1 and is eligible for Exempt MAP.

Applicant Eligibility Determination:

\$2000	Earned Income
- 90	\$90 Earned Income Disregard
\$ 1910	Net Nonexempt Earned Income
\$+300	Disability-Based Income (Not subject to \$225 Disregard at application)
\$2210	Total Net Nonexempt Income
\$1584	MBSAC for Five (Includes AU and Non-AU Family Members)

Family is ineligible for CalWORKs (Net Nonexempt Income exceeds the MBSAC for Five).

Handbook Section 44-133.54(QR), Examples 2 and 3 shall become inoperative and Handbook Section 44-133.54(SAR), Examples 2 and 3 shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example 2: Family with Ineligible Non-Citizen Members and Stepparent with No Income

Mother of two children has earnings of \$600 per month and the income is reasonably anticipated to continue at this amount for the QR Payment Quarter. One of the children is her citizen child and the other is her ineligible non-citizen child with

deprivation. Mother receives direct child support in the amount of \$85 per month for the ineligible non-citizen child. Also in the home is the ineligible non-citizen spouse of the mother. The spouse does not have any income. The family lives in Region 1 and does not have exempt status.

Applicant Eligibility Determination

\$ 600	Actual Earned Income of Mother
- 90	Applicant Earned Income Disregard
\$ 510	Subtotal
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 595	Total Net Nonexempt Income
\$ 595	Total NNI is less than the \$1,347 Region 1 Nonexempt Family MBSAC for four, family passes applicant test.

Recipient Financial Eligibility Test

\$ 600	Monthly Earned Income of Mother
- 112	\$112 Earned Income Disregard
\$ 488	Subtotal
- 244	50% Earned Income Disregard
\$ 244	Net Nonexempt Earned Income
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 329	Total Net Nonexempt Income (rounded down)
\$ 329	Total NNI is less than \$762 Region 1, Nonexempt Family MAP for four, family passes recipient financial eligibility test

Grant Computation

\$ 762	Region 1, Nonexempt Family MAP for Four
- 329	Total Net Nonexempt Income
\$ 433	Potential Grant
\$ 516	MAP for AU of Two (includes mother and citizen child)
\$ 433	Aid Payment is the Lesser of the Potential Grant or MAP for the AU

(SAR) Example 2: Family with Ineligible Non-Citizen Members and Stepparent with No Income

Mother of two children has earnings of \$600 per month and the income is reasonably anticipated to continue at this amount for the SAR Payment Period. One of the children is her citizen child and the other is her ineligible non-citizen child with deprivation. Mother receives direct child support in the amount of \$85 per month for

the ineligible non-citizen child. Also in the home is the ineligible non-citizen spouse of the mother. The spouse does not have any income. The family lives in Region 1 and does not have exempt status.

Applicant Eligibility Determination

\$ 600	Actual Earned Income of Mother
- 90	Applicant Earned Income Disregard
\$ 510	Subtotal
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 595	Total Net Nonexempt Income
\$ 595	Total NNI is less than the \$1,387 Region 1 Nonexempt Family MBSAC for four, family passes applicant test.

Recipient Financial Eligibility Test

\$ 600	Monthly Earned Income of Mother
- 112	\$112 Earned Income Disregard
\$ 488	Subtotal
- 244	50% Earned Income Disregard
\$ 244	Net Nonexempt Earned Income
+ 85	Unearned Income of Ineligible Non-Citizen Child
\$ 329	Total Net Nonexempt Income (rounded down)
\$ 329	Total NNI is less than \$762 Region 1, Nonexempt Family MAP for four, family passes recipient financial eligibility test

Grant Computation

\$ 762	Region 1, Nonexempt Family MAP for Four
- 329	Total Net Nonexempt Income
\$ 433	Potential Grant
\$ 516	MAP for AU of Two (includes mother and citizen child)
\$ 433	Aid Payment is the Lesser of the Potential Grant or MAP for the AU

(QR) Example 3: Family with Ineligible Non-citizen AU Members and Stepparent with Income and Excluded Dependents

Recipient mother receives aid for herself and one child. The mother has earnings of \$600 per month that is reasonably anticipated to continue at the same amount during the QR Payment Quarter. Also living in the home are: 1) the ineligible non-citizen spouse of the aided parent; 2) the aided mother's ineligible non-citizen child in common with no deprivation; 3) the aided mother's citizen child in common who has

no deprivation; and 4) a separate ineligible non-citizen child of the spouse. The spouse has \$375 per month earned income that is reasonably anticipated to continue at the same level during the QR Payment Quarter. The family is nonexempt and lives in Region 1.

Eligibility/Grant Computation

Step 1	\$ 975	Family's Monthly Earned Income
	<u>- 112</u>	\$112 Income Disregard
	\$ 863	Subtotal
	<u>- 431</u>	50% Earned Income Disregard*
	\$ 431	Net Earned Income
	\$ 431	Total Family Net Nonexempt Income*
Step 2	\$972	Family MAP for Six (All excluded dependents of the stepparent are included, regardless of deprivation since the stepparent's income is used.)
	<u>- 431</u>	Total Family Net Nonexempt Income
	\$ 541	Potential Grant
Step 3	\$516	AU MAP for Two
	\$541	Potential Grant
	\$516	Aid Payment (lesser of AU MAP or potential grant)

(SAR) Example 3: Family with Ineligible Non-eCitizen AU Members and Stepparent with Income and Excluded Dependents

Recipient mother receives aid for herself and one child. The mother has earnings of \$600 per month that is reasonably anticipated to continue at the same amount during the SAR Payment Period. Also living in the home are: 1) the ineligible non-citizen spouse of the aided parent; 2) the aided mother's ineligible non-citizen child in common with no deprivation; 3) the aided mother's citizen child in common who has no deprivation; and 4) a separate ineligible non-citizen child of the spouse. The spouse has \$375 per month earned income that is reasonably anticipated to continue at the same level during the SAR Payment Period. The family is nonexempt and lives in Region 1.

Eligibility/Grant Computation

Step 1	\$ 975	Family's Monthly Earned Income
	- 112	\$112 Income Disregard
	\$ 863	Subtotal
	- 431	50% Earned Income Disregard*
	\$ 431	Net Earned Income
	\$ 431	Total Family Net Nonexempt Income*
Step 2	\$972	Family MAP for Six (All excluded dependents of the stepparent are included, regardless of deprivation since the stepparent's income is used.)
	- 431	Total Family Net Nonexempt Income
	\$ 541	Potential Grant
Step 3	\$516	AU MAP for Two
	\$541	Potential Grant
	\$516	Aid Payment (lesser of AU MAP or potential grant)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

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.55 (Continued)

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: Sections 10063, 10553, 10554, 10604, 11008.14, 11017, 11254, 11320.15, 11450, 11451.5, 11452, 11453, 11454, 11454.2, 11486, 18937, 18940, and 11371, Welfare and Institutions Code; 45 CFR 205.50(a)(1)(i)(A); 45 CFR 233.20(a)(1)(i); 45 CFR 233.20(a)(3)(ii)(C), (a)(3)(vi)(B), (a)(3)(xiv), (a)(3)(xiv)(B), and (xviii); 45 CFR 233.50(A)(c); and 45 CFR 233.90(c)(2)(i); Family Support Administration Action Transmittal 91-15 (FSA-AT-91-15), dated April 23, 1991; and Omnibus Budget Reconciliation Act (OBRA) of 1990; U.S. Department of Health and Human Services Federal Action Transmittal No. FSA-AT-91-4 dated February 25, 1991; Simpson v. Hegstrom, 873 F.2d 1294 (1989); Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; and Federal Register, Vol. 58, No. 182, pages 49218 - 20, dated September 22, 1993; 8 U.S.C. 1631; and 42 U.S.C. 602(a)(39).

Amend Section 44-205 to read:

44-205 ESTABLISHING THE AU

44-205

.1 Aid Based on Pregnancy (Continued)

.12 The application for aid based on pregnancy and/or the application for the pregnancy special need is considered an application for the "family." In addition to the pregnant woman, the family includes the following:

.121 The unborn, when born and living with the mother.

- (a) The otherwise eligible newborn shall be added to the assistance unit effective the first of the month following the month in which the birth was reported if it results in an increase in cash aid and all conditions of eligibility have been met and verification has been provided.

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In most cases, the effective date of including the needs of the newborn will be the first of the month following the month in which the birth was reported.

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.122 The father of the unborn when he is in the home at the time application is made and through the month of birth. See Section 82-832.13.

- (a) Section 44-205.122(a)(QR) shall become inoperative and Section 44-205.122(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The unaided father shall be added to the AU effective the first of the month following the month in which the birth was reported if adding him results in an increase to cash aid and all conditions of eligibility have been met and verification has been provided. If adding him results in a decrease, the father shall be added to the AU in the following quarter, if all conditions of eligibility have been met and verification provided, pursuant to Section 44-318.16(QR).

(SAR) The unaided father shall be added to the AU effective the first of the month following the month in which the birth was reported if adding him results in an increase to cash aid and all conditions of eligibility have been met and verification has been provided. If adding him results in a

decrease, the father shall be added to the AU in the following SAR Payment Period, if all conditions of eligibility have been met and verification provided, pursuant to Section 44-318.16(SAR). (Continued)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 42 USC 602(a)(19)(G)(i)(I); 54 FR 42172 (October 13, 1989); 45 CFR 206.10(a)(1)(vii) and 250.34(c)(3); Federal Action Transmittal SSA-AT-86-01, Sections 10553, 10554, 10604, 11265.1, 11265.2, 11265.3, 11327.5(c)(3), 11450(b) and 11450.5, Welfare and Institutions Code; and Simon v. McMahon, Stipulation for Dismissal and Order, April 21, 1989, Contra Costa Superior Court, No. 272468.

Amend Section 44-207 to read:

44-207 INCOME ELIGIBILITY

44-207

.1 The following financial eligibility test shall be applied to applicant cases.

.11 (Continued)

.111 (Continued)

(b) (Continued)

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Example: Applicant applies for assistance for herself and her one dependent child. The mother (applicant) works part-time for \$600 per month. The family is nonexempt and lives in Region 2.

Applicant Eligibility Determination

\$ 600	Earned Income
- 90	\$90 Earned Income Disregard
\$ 510	Total Net Nonexempt Income
\$ 896	MBSAC for two
	Family passes the MBSAC test (MBSAC is greater than Net Nonexempt Income)

See Section 44-207.2 for second step in the financial eligibility test for applicants.

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.112 The MBSAC is the amount of money which is necessary to provide a family with the following: (Continued)

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.113 The MBSAC for the family applies in determining financial eligibility for applicants, the value of in-kind income for the AU, the amount of income from a sponsor available to a sponsored ~~alien~~ non-citizen, the period of ineligibility for non-qualifying withdrawals from restricted accounts and transfer of assets. The MBSAC amounts are set forth in Welfare and Institutions Code Section 11452.

- (a) See Section 44-315.311 for the MBSAC amounts as of July 1, 2012. (The MBSAC figures are subject to a cost-of-living adjustment on July 1 of every year. These updates to the MBSAC figures are published by CDSS through an annual All County Letter.).

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.12 (Continued)

- .2 The following financial eligibility test shall be applied to both applicant and recipient cases.
- .21 Section 44-207.21(QR) et seq. shall become inoperative and Section 44-207.21(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) The AU is financially eligible as follows:
- (QR) .211 An AU is financially eligible for the QR Payment Quarter if the family's combined reasonably anticipated monthly net non-exempt income for the quarter, after the income and needs of the family are considered (pursuant to Sections 44-133(QR) and 44-315.3(QR)), is less than the MAP for the AU.
- (QR) .212 A recipient AU will remain financially eligible during the QR Payment Quarter if the family's combined monthly net non-exempt income does not exceed the family's MAP level for more than one month of the QR Payment Quarter in accordance with Section 44-316.324(QR).
- (SAR) The AU is financially eligible as follows:
- (SAR) .211 An AU is financially eligible for the SAR Payment Period if the family's combined reasonably anticipated monthly net non-exempt income for the SAR period, after the income and needs of the family are considered (pursuant to Sections 44-133(SAR) and 44-315.3(SAR)), is less than the MAP for the AU.
- (SAR) .212 A recipient AU will remain financially eligible during the SAR Payment Period if the family's combined monthly net non-exempt income does not exceed the family's MAP level for more than one month of the SAR Payment Period in accordance with Section 44-316.324(SAR).

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Example:

Recipient receives aid for herself and her four children. Also living in the home is the recipient's spouse (unaided stepparent). Stepparent earns \$1612 per month from full-time employment. Mother receives \$300 per month in State Disability Insurance benefits. No other income is received by family members. The AU is exempt and resides in Region 2.

Eligibility/Grant Computation:

\$ 300	Disability-Based Unearned Income
<u>- 225</u>	\$225 Income Disregard
\$ 75	Net Nonexempt Disability-Based Unearned Income
\$1612	Gross Family Earned Income
<u>- 806</u>	50% Earned Income Disregard
\$ 806	Net Nonexempt Earnings
<u>+ 75</u>	Disability-Based Unearned Income
\$ 881	Total Net Nonexempt Income
\$1035	Exempt MAP for Six
<u>- 881</u>	Total Net Nonexempt Income
\$ 154	Potential Grant
\$ 923	Exempt MAP for AU of Five
\$ 154	Potential Grant
\$ 154	Aid Payment (Lower of Potential Grant and MAP for AU)

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.22 Net Nonexempt Income (Continued)

.23 Section 44-207.23(QR) shall become inoperative and Section 44-207.23(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Once financial eligibility is established for the QR Payment Quarter, financial eligibility continues for the AU for the entire QR Payment Quarter unless the family's income exceeds the IRT (see Section 44-316.324(QR)) and the family's reasonably anticipated monthly income for the remainder of the QR Payment Quarter exceeds the MAP for the AU.

(SAR) Once financial eligibility is established for the SAR Payment Period, financial eligibility continues for the AU for the entire SAR Payment Period unless the

family's income exceeds the IRT (see Section 44-316.324(SAR)) and the family's reasonably anticipated, net non-exempt monthly income continues to exceed the MAP for the AU for more than one consecutive month.

.24 Section 44-207.24(QR) shall become inoperative and Section 44-207.24(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If aid is discontinued because the monthly reasonably anticipated income is expected to result in financial ineligibility for the QR Payment Quarter and the AU reports that the monthly reasonably anticipated income will no longer exceed the MAP amount for the AU prior to the effective date of the discontinuance, the county shall rescind the discontinuance if the county determines the updated report is a reasonable estimate.

(SAR) If aid is discontinued because the monthly reasonably anticipated income is expected to result in financial ineligibility for the SAR Payment Period and the AU reports that the monthly reasonably anticipated income will no longer exceed the MAP amount for the AU prior to the effective date of the discontinuance, the county shall rescind the discontinuance if the county determines the updated report is a reasonable estimate.

.25 Adding Persons to the Assistance Unit (Continued)

Authority cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11017, 11157, 11255, 11265.1, 11265.2, 11265.3, 11280, 11322.63(b), 11450.5, 11450.12, 11450.13, and 11451.5, Welfare and Institutions Code; 45 CFR 206.10(a)(1)(vii); 45 CFR 233.20(a)(2)(i) and (xiii); (a)(3)(ii)(F), (a)(3)(vi)(B), (a)(3)(xiv), and (a)(3)(xiv)(B); and Darces v. Woods (1984) 35 Cal. 3d 871; Petrin v. Carlson Court Order, Case No. 638381, May 12, 1993; Rutan v. McMahon, Case No. 612542-L (Alameda Superior Court) February 19, 1988; Letter from Department of Health and Human Services (DHSS), December 5, 1990; Johnson v. Carlson Stipulated Judgment; Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; Federal Terms and Conditions for the California Work Pays Demonstration Project as approved by the United States Department of Health and Human Services on March 9, 1994; United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. ACF-AT-95-10 dated September 19, 1995; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996.

Amend Section 44-211 to read:

44-211 SPECIAL NEEDS IN CALWORKS

44-211

.1 General

.11 Section 44-211.11(QR) shall become inoperative and Section 44-211.11(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A special need is a need not common to a majority of recipients for certain goods or services which are essential for their support. The county is responsible for assisting the applicant or recipient in identifying any special needs which he/she may have. In order to meet this responsibility, the county shall give the applicant or recipient a clear explanation of the types of special need allowances which are available, and of the procedure for securing payment for those needs. See Section 44-316.312(d)(QR).

(SAR) A special need is a need not common to a majority of recipients for certain goods or services which are essential for their support. The county is responsible for assisting the applicant or recipient in identifying any special needs which he/she may have. In order to meet this responsibility, the county shall give the applicant or recipient a clear explanation of the types of special need allowances which are available, and of the procedure for securing payment for those needs. See Section 44-316.312(d) (SAR). (Continued)

.2 Recurring Special Needs

Section 44-211.2(QR) shall become inoperative and Section 44-211.2(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A recurring special need is a special need for one of the items set forth below which results in added cost to the family and which is expected to occur during two or more months in a calendar year.

(QR) The allowance for a recurring special need cannot exceed the actual increase in costs to the family as a result of the special need. Actual costs must be verified quarterly on the QR 7 except that if special need allowance guidelines established below are utilized, the county may authorize payment at the rate indicated without verification of actual cost. However, the special need must be resubstantiated at least annually upon redetermination of eligibility and may be required more often considering the type of need and potential for change.

(QR) The total allowance which is available for each AU per month for all recurring special needs shall not exceed the amount resulting from multiplying \$10 by the number of persons in the AU.

(SAR) A recurring special need is a special need for one of the items set forth below which results in added cost to the family and which is expected to occur during two or more months in a calendar year.

(SAR) The allowance for a recurring special need cannot exceed the actual increase in costs to the family as a result of the special need. Actual costs must be verified every six months on the SAR 7 or the SAWS 2 except that if special need allowance guidelines established below are utilized, the county may authorize payment at the rate indicated without verification of actual cost. However, the special need must be resubstantiated at least annually upon redetermination of eligibility and may be required more often considering the type of need and potential for change.

(SAR) The total allowance which is available for each AU per month for all recurring special needs shall not exceed the amount resulting from multiplying \$10 by the number of persons in the AU.

.21 Therapeutic Diets (Continued)

.5 Homeless Assistance

.51 General (Continued)

.517 The county shall make restricted payments when the county establishes a finding of mismanagement of CalWORKs cash assistance. A restricted payment is a vendor or two-party payment to a provider of temporary shelter, permanent housing or utilities for any future homeless assistance payments associated with the incident of homelessness. (Continued)

.52 Temporary Shelter (Continued)

.521 The temporary shelter payment is also available to homeless applicant AUs who are apparently eligible for CalWORKs. (Continued)

.53 Permanent Housing (Continued)

.532 (Continued)

(b) Shared housing includes, but is not limited to, the following: (Continued)

(2) SSI/SSP recipient(s) residing with CalWORKs recipient(s);
(Continued)

.534 Definitions

- (a) "Income" means income to be counted towards the TMHI which includes gross earned and unearned income, including the CalWORKs computed grant, CalWORKs Special Need payments, or Supplemental Security Income (SSI) and State Supplementary Payment (SSP). An AU's CalFresh benefits do not count as income and are not included in the TMHI.
- (b) "Total Monthly Household Income" means income that can be used to determine eligibility for Permanent HA. Counties must count the income of the AU members and of any other persons whose income is currently used in calculating the AU's grant, including but not limited to sanctioned and penalized household members and persons who are excluded by law due to their undocumented non-citizen or drug/fleeing felon status.
 - (1) When an AU has asked to add a new person to their AU mid-period, any income of that person shall be included in the TMHI used to determine eligibility for and amount of Permanent HA, regardless of when the county will be increasing the AU size as a result of adding the new person.
 - (2) If the AU has reported that an AU member has left the home mid-period, and that person's income will no longer be available to help the AU pay rent, that person's income shall not be included as part of the AU's TMHI for Permanent HA. (Continued)

.537 (Continued)

- (b) Information necessary for the CWD to establish eligibility for CalWORKs. (Continued)

.6 Pregnancy Special Needs (Continued)

.63 Eligible Applicants

.631 Section 44-211.631(QR) shall become inoperative and Section 44-211.631(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) A pregnant woman with no eligible children who has applied for CalWORKs, is in her third trimester, and is eligible to receive CalWORKs shall be entitled to receive the pregnancy special need payment from the date of application through the end of the quarter in which the child is expected to be born once required verification has been provided. If the birth of the child is voluntarily

reported mid-quarter, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Sections 44-316.312(d)(QR) and 44-318.15(QR)).

(SAR) A pregnant woman with no eligible children who has applied for CalWORKs, is in her third trimester, and is eligible to receive CalWORKs shall be entitled to receive the pregnancy special need payment from the date of application through the end of the semi-annual period in which the child is expected to be born once required verification has been provided. If the birth of the child is voluntarily reported mid-period, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Sections 44-316.312(d)(SAR) and 44-318.15(SAR)).

.632 Section 44-211.632(QR) shall become inoperative and Section 44-211.632(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A pregnant teen with no other eligible children in an AU of one who is under the age of 19, has not obtained a high school diploma or its equivalent and is otherwise eligible to receive CalWORKs, shall receive the pregnancy special need payment from the date of application through the end of the quarter in which the child is expected to be born once required verification has been provided. If the birth of the child is voluntarily reported mid-quarter, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Section 44-316.312(QR) and 44-318.15 (QR)).

(SAR) A pregnant teen with no other eligible children in an AU of one who is under the age of 19, has not obtained a high school diploma or its equivalent and is otherwise eligible to receive CalWORKs, shall receive the pregnancy special need payment from the date of application through the end of the semi-annual period in which the child is expected to be born once required verification has been provided. If the birth of the child is voluntarily reported mid-period, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Section 44-316.312(d)(SAR) and 44-318.15(SAR)).

.633 Section 44-211.633(QR) shall become inoperative and Section 44-211.633(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A pregnant woman who has applied for CalWORKs as part of an AU with other eligible persons or was the caretaker of a person in accordance with Section 82-820.22 and who is eligible shall be entitled to receive the pregnancy special need payment from the date of application through the end of the quarter in which the child is expected to be born once required verification has

been provided. If the birth of the child is voluntarily reported mid-quarter, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Section 44-316.312(QR) and 44-318.15(QR)).

- (SAR) A pregnant woman who has applied for CalWORKs as part of an AU with other eligible persons or was the caretaker of a person in accordance with Section 82-820.22 and who is eligible shall be entitled to receive the pregnancy special need payment from the date of application through the end of the semi-annual period in which the child is expected to be born once required verification has been provided. If the birth of the child is voluntarily reported mid-period, the pregnancy special need payment shall be discontinued at the end of the month prior to the month in which the newborn is added into the AU (see Section 44-316.312(d)(SAR) and 44-318.15(SAR)).

.64 Eligible Recipients

- .641 Section 44-211.641(QR) shall become inoperative and Section 44-211.641(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) The pregnancy special need payment for a pregnant woman who is receiving CalWORKs in an AU with eligible persons shall be granted from the month of the request continuing through the end of the quarter in which the child is expected to be born or the end of the month prior to the newborn being added to the AU, pursuant to Section 44-318.15(QR), once required verification has been provided.

- (SAR) The pregnancy special need payment for a pregnant woman who is receiving CalWORKs in an AU with eligible persons shall be granted from the month of the request continuing through the end of the semi-annual period in which the child is expected to be born or the end of the month prior to the newborn being added to the AU, pursuant to Section 44-318.15(SAR), once required verification has been provided.

- .642 The recipient is only required to verify pregnancy initially (when the pregnancy is reported) and when the pregnancy continues beyond the originally estimated date of birth. (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, and 11450(f) and (g), Welfare and Institutions Code.

Reference: Sections 11056, 11155.2(a), 11265.1, 11265.2, 11265.3, 11266(a)(2), 11271, 11272, 11273, and 11273(b), 11450(a)(1), (b), (c), and (f), 11450(f)(2)(A)(i), 11450(f)(2)(B), 11450(f)(2)(C), 11450(f)(2)(E)(i), (ii), (iii), (v), and (vi), 11450.5, 11452.018(a), and 11453.2, Welfare and Institutions Code; 45 CFR 206.10(a)(1)(ii), 45 CFR 206.10(a)(8), 45 CFR 233.10(a)(1)(iv), 45 CFR 233.20(a)(2)(v)(A), 45 CFR 234.11, 45 CFR 234.60; and 42 U.S.C.A., Section 606(b).

Amend Section 44-304 to read:

44-304 AID PAYMENT SCHEDULES (Continued)

44-304

.5 Standard Delivery Dates

.51 Semimonthly Delivery

The county shall deliver ongoing payments as follows when the county has selected semimonthly delivery: (Continued)

.511 First Warrant

Section 44-304.511(QR) shall become inoperative and Section 44-304.511(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) First Warrant

The county shall place the first warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first day of each month of the QR Payment Quarter unless the county received the completed QR 7 after the tenth day prior to the end of the QR Submit Month.

(QR)

If the completed QR 7 is received after the tenth day prior to the end of the QR Submit Month, but on or before the first day of the next QR Payment Quarter, the county shall not delay the payment and shall place the warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of the first month of the next QR Payment Quarter if possible, but no later than the tenth calendar day of the first month of the next QR Payment Quarter.

(SAR) First Warrant

The county shall place the first warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first day of each month of the SAR Payment Period unless the county received the completed SAR 7 after the tenth day prior to the end of the SAR Submit Month or if the annual redetermination is not completed by the 15th day of the month in which it is due.

(SAR)

If the completed SAR 7 is received after the tenth day prior to the end of the SAR Submit Month, but on or before the first day of the next SAR Payment Period, the county shall not delay the payment and shall place the warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of the first month of the next SAR Payment Period if possible, but no later than the tenth calendar day of the first month of the next SAR Payment Period.

(SAR)

If the annual redetermination is not completed by the 15th day of the month in which it is due, but on or before the last day of that month, the county shall not delay the payment and shall place the warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of the first month of the next SAR Payment Period if possible, but no later than the tenth calendar day of the first month of the next SAR Payment Period.

.512 Second Warrant

Section 44-304.512(QR) shall become inoperative and Section 44-304.512(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The county shall place the second warrant in the mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by no later than the 15th calendar day of each month of the QR Payment Quarter.

(SAR)

The county shall place the second warrant in the mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by no later than the 15th calendar day of each month of the SAR Payment Period.

.52 Monthly Delivery

Section 44-304.52(QR) shall become inoperative and Section 44-304.52(SAR) shall become operative in a county on the date SAR becomes

effective in that county, pursuant to the County's SAR Declaration.

(QR)

The county shall place the warrant in the mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of each month of the QR Payment Quarter unless the completed QR 7 is received after the tenth day prior to the end of the QR Submit Month.

(QR)

If the completed QR 7 is received after the tenth day prior to the end of the QR Submit Month, but on or before the first day of the next QR Payment Quarter, the county shall not delay the payment and shall place the warrant in the mail or forward the direct deposit electronic fund transfer in time to be received by the first day of the first month of the next QR Payment Quarter if possible, but not later than the tenth day of the first month of the next QR Payment Quarter.

(SAR)

The county shall place the warrant in the mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of each month of the SAR Payment Period unless the completed SAR 7 is received after the tenth day prior to the end of the QR Submit Month or if the annual redetermination is not completed by the 15th day of the month in which it is due.

(SAR)

If the completed SAR 7 is received after the tenth day prior to the end of the SAR Submit Month, but on or before the first day of the next SAR Payment Period, the county shall not delay the payment and shall place the warrant in the mail or forward the direct deposit electronic fund transfer in time to be received by the first day of the first month of the next SAR Payment Period if possible, but not later than the tenth day of the first month of the next SAR Payment Period.

(SAR)

If the annual redetermination is not completed by the 15th day of the month in which it is due, but on or before the last day of that month, the

county shall not delay the payment and shall place the warrant in the mail or forward the first direct deposit electronic fund transfer in time to be available to the recipient by the first calendar day of the first month of the next SAR Payment Period if possible, but no later than the tenth calendar day of the first month of the next SAR Payment Period.

.53

(Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10063(a), 10072, 10553, 10554, 11006.2, 11251.3, 11265.1, 11453.2, 11455 and 17012.5, Welfare and Institutions Code; 45 CFR 206.10(a)(6)(D); 45 CFR 233.23; 45 CFR 233.29(a)-(d); 45 CFR 233.31(b)(4); 45 CFR 233.32; and Balderas v. Woods Court Order; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 44-305 to read:

44-305 AID PAYMENTS - PAYEE AND DELIVERY (Continued)

44-305

.2 Alternate Payment System (Continued)

.23 Aid payments to CalWORKs families residing in counties with approved semimonthly alternate payment systems shall be made in two installments during the payment period as follows:

.231 Section 44-305.231(QR) shall become inoperative and Section 44-305.231(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The county shall issue the first aid payment by mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by the first day of each month of the assigned QR Payment Quarter, unless the county received the completed QR 7 after the tenth day prior to the end of the assigned QR Submit Month. If the QR 7 is received after the tenth day prior to the end of the assigned QR Submit Month, but on or before the first day of the next assigned QR Payment Quarter, the county shall not delay the payment and shall issue the first aid payment in time to be available to the recipient by the first day of the next assigned QR Payment Quarter if possible, but not later than the tenth day of the first month of the next assigned QR Payment Quarter.

(SAR) The county shall issue the first aid payment by mail or forward the direct deposit electronic fund transfer in time to be available to the recipient by the first day of each month of the assigned SAR Payment Period, unless the county received the completed SAR 7 after the tenth day prior to the end of the assigned SAR Submit Month or the annual redetermination is not completed by the 15th day of the SAR Submit Month. If the SAR 7 is received after the tenth day prior to the end of the assigned SAR Submit Month or the annual redetermination is completed after the 15th day of the SAR Submit Month, but before benefits are discontinued, the county shall not delay the payment and shall issue the first aid payment in time to be available to the recipient by the first day of the next assigned SAR Payment Period if possible, but not later than the tenth day of the first month of the next assigned SAR Payment Period.

.232 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10063(a), 11006.2, 11254, Welfare and Institutions Code; 45 CFR 233.29, 45 CFR 233.31(b)(4) and 45 CFR 233.32; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12 (a)(1)(vii)].

Amend Section 44-313 to read:

44-313 BUDGETING METHODS FOR CalWORKs

44-313

Section 44-313(QR), Introductory Paragraphs, shall become inoperative and Section 44-313(SAR), Introductory Paragraphs, shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Budgeting is the activity used to compute the aid payments for a QR Payment Quarter for which eligibility exists using net nonexempt income, (see Chapter 44-100) that is reasonably anticipated to be received in the QR Payment Quarter. The budgeting method used is prospective budgeting.

(QR) Budgeting is an activity separate from the determination of eligibility. All eligibility factors, including income eligibility (see Section 44-207 and 44-316.324(QR)), are considered on a prospective basis.

(SAR) Budgeting is the activity used to compute the aid payments for a SAR Payment Period for which eligibility exists using net nonexempt income, (see Chapter 44-100) that is reasonably anticipated to be received in the SAR Payment Period. The budgeting method used is prospective budgeting.

(SAR) Budgeting is an activity separate from the determination of eligibility. All eligibility factors, including income eligibility (see Section 44-207 and 44-316.324(SAR)), are considered on a prospective basis.

.1 Prospective Budgeting

.11 Section 44-313.11(QR) shall become inoperative and Section 44-313.11(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Prospective budgeting is the method of computing an aid payment for a QR Payment Quarter using income that is reasonably anticipated to be received in that quarter (see Section 44-315.31(QR)) except for those mid-quarter changes where actual income is used as specified in Section 44-316.311(QR).

(SAR) Prospective budgeting is the method of computing an aid payment for a SAR Payment Period using income that is reasonably anticipated to be received in that period (see Section 44-315.31(SAR)) except for those mid-period changes where actual income is used as specified in Section 44-316.311(SAR).

.111 Section 44-313.111(QR) et seq. shall become inoperative and Section 44-313.111 (SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) Income from the QR Data Month, anticipated changes in income from the QR 7 and mid-quarter income changes as specified in Section 44-316 shall be considered when determining eligibility and cash aid for a QR Payment Quarter. Documentation shall be entered in the case that explains how income was projected in determining cash aid calculations. Case narrative entries shall include, but are not limited to, the following:
- (QR) (a) Income the recipient reports that he/she expects to receive in the QR Payment Quarter.
 - (QR) (b) Whether reasonably anticipated income will be different than income that the recipient reported receiving for the QR Data Month as reported on the QR 7.
 - (QR) (c) Documentation of the reasons for not accepting the recipient's reasonable anticipated income if the information is questionable.
 - (QR) (d) Other information used to determine what income will be used in the cash aid calculations (verifications, employers' statements, case history, etc.) if the recipient's reasonable anticipated income is not used.
- (SAR) Income from the SAR Data Month, anticipated changes in income from the SAR Data Month, and mid-period income changes as specified in Section 44-316(SAR) shall be considered when determining eligibility and cash aid for a SAR Payment Period. Documentation shall be entered in the case that explains how income was projected in determining cash aid calculations. Case narrative entries shall include, but are not limited to, the following:
- (SAR) (a) Income the recipient reports that he/she received in the SAR Data Month.
 - (SAR) (b) Any changes in income from the Data Month that the recipient reasonably anticipates receiving in the SAR Payment Period as reported on the SAR 7 or annual redetermination.
 - (SAR) (c) Documentation of the reasons for not accepting the recipient's reasonably anticipated income if the information is questionable.
 - (SAR) (d) Other information used to determine what income will be used in the cash aid calculations (verifications, employers' statements, case history, etc.) if the recipient's reasonably anticipated income is not used.

.12 Prospective budgeting shall be used to compute:

.121 Section 44-313.121(QR) shall become inoperative and Section 44-313.121(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The CalWORKs grant for each month in a QR Payment Quarter.

(SAR) The CalWORKs grant for each month in a SAR Payment Period.

.2 Budgeting the Income of Individuals Added to or Deleted from an Existing Assistance Unit

.21 Section 44-313.21 (QR) shall become inoperative and Section 44-313.21(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The income of a new person who is added to an existing AU shall be budgeted prospectively in accordance with Section 44-316.312(b)(QR) for each month of the QR Payment Quarter.

(SAR) The income of a new person who is added to an existing AU shall be budgeted prospectively in accordance with Section 44-316.312(b)(SAR) for each month of the SAR Payment Period.

.22 The income of an individual deleted from an AU shall not be considered income to the AU for budgeting purposes in any month(s) following his or her discontinuance except in the following circumstance:

.221 When the person remains in the home following discontinuance and has income which is considered available to the AU under Section 44-133, prospective budgeting shall continue.

.3 Budgeting in Approved Alternate Payment Systems

.31 Apply the requirements of 44-313 to approved alternate payment systems (see Section 44-305.2). Substitute references to "month" with phrase "28- to 31-day period not limited to a calendar month."

.4 Budgeting for Refugee or Cuban/Haitian Entrant Cases Transferred from Refugee or Cuban/Haitian Entrant Cash Assistance to CalWORKs

.41 Prospective budgeting shall continue for recipients transferred from the Refugee Resettlement or Cuban/Haitian Entrant Programs to CalWORKs.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.2, 11265.3, and 11450.5, Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 44-314 to read:

44-314 MAXIMUM FAMILY GRANT (MFG)

44-314

.1 Definitions

The following definitions pertain only to Section 44-314.

.11 Break-in-Aid

For MFG purposes the following conditions will be considered a month in which the AU did not receive cash aid:

.111

A month in which the AU is eligible for a zero basic grant (ZBG) as defined in Section 44-315.8; or

.112

A month in which the reunification family does not receive a cash aid payment pursuant to Section 83-812.683. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11203, 11265.2, 11450.04(a), (b)(1), (2) and (3), (d)(1), (2) and (3), and (e), Welfare and Institutions Code; Sections 261, 262, and 285, Penal Code; Nickols v. Saenz, Case Number 310867, August 25, 2000; and Kehrer v. Saenz, Case Number 99CS02320, January 22, 2001.

Amend Section 44-315 to read:

Post-Hearing: Amend Sections 44-315.311 and 44-315.316 to read:

44-315 AMOUNT OF AID (Continued)

44-315

.3 Amount of Grant

The county shall calculate the amount of grant as follows:

.31

Section 44-315.31(QR) et seq. shall become inoperative and Section 44-315.31(SAR) et seq. shall become operative in a county on the date SAR becomes effective in the county, pursuant to the County's SAR Declaration.

(QR) Reasonably Anticipated
Monthly Income

The reasonably anticipated monthly income shall be used to determine cash aid for the QR Payment Quarter.

(SAR) Reasonably Anticipated
Monthly Income

The reasonably anticipated monthly income shall be used to determine cash aid for the SAR Payment Period.

(QR) .311

Income shall be considered to be reasonably anticipated if the county determines that:

(QR) (a)

The income has been or will be approved or authorized within the next QR Payment Quarter, or the household is otherwise reasonably certain that the income will be received within the QR Payment Quarter; and

(QR) (b)

The amount of the income is known.

(SAR) .311

Income shall be considered to be reasonably anticipated if the county determines that:

(SAR) (a)

The income has been or will be approved or authorized within the next SAR Payment Period, or the household is otherwise reasonably certain that the income will be received within the SAR Payment Period; and

(SAR) (b)

The amount of the income is known; and

(SAR) (c)

The start date of the income is known.

(QR)	.312		If necessary, the county may require the recipient to provide one or more months of the previous quarter's income when the county needs more information to determine what income is reasonably anticipated for the next QR Payment Quarter.
(SAR)	.312		If necessary, the county may require the recipient to provide one or more months of the previous period's income when the county needs more information to determine what income is reasonably anticipated for the next SAR Payment Period.
(QR)	.313		That portion of the AU's income which is uncertain or cannot be reasonably anticipated, in accordance with Section 44-101(c)(1)(QR), will not be counted when determining income eligibility and cash aid.
(SAR)	.313		That portion of the AU's income which is uncertain or cannot be reasonably anticipated, in accordance with Section 44-101(c)(1)(SAR), will not be counted when determining income eligibility and cash aid.
(QR)	.314	Determine if Income Will Continue or Be Different	The county shall determine whether the reasonably anticipated monthly income is expected to be different from the income reported for the QR Data Month for one or more months during the next QR Payment Quarter or whether the monthly income reported for the QR Data Month is expected to continue during each month of the next QR Payment Quarter.
(SAR)	.314	Determine if Income Will Continue or Be Different	The county shall determine whether the reasonably anticipated monthly income is expected to be different from the income reported for the SAR Data Month for one or more months during the next SAR Payment Period or whether the monthly income reported for the SAR Data Month is expected to continue during the next SAR Payment Period.

.315 Income Expected to Continue

- | | | | |
|-------|-----|---------------------------|--|
| (QR) | (a) | Weekly/Bi-Weekly Payments | Under the following circumstances the county shall add weekly or bi-weekly (every other week) Data Month income amounts reported on the QR 7 and divide that total by the number of pay periods in the Data Month to arrive at an average weekly or bi-weekly income amount to which the conversion factor (see Section 44-315.315(b) (QR)) shall be applied: |
| (QR) | (1) | | An AU reports on the QR 7 that it is paid on a weekly or bi-weekly basis and indicates that it does not anticipate any changes in income in the upcoming quarter compared to the Data Month income actually reported on the QR 7, and the county is in agreement with the AU's report of no change in income; or |
| (QR) | (2) | | An AU reports on the QR 7 that it is paid on a weekly or bi-weekly basis and indicates that it anticipates changes in income in the upcoming quarter, but the county determines in its follow-up review that the AU's reasonably anticipated income in the next QR Payment Quarter will not change from what was reported in the Data Month on the QR 7; or |
| (QR) | (3) | | An AU reports on the QR 7 that it is paid on a weekly or bi-weekly basis and indicates that it anticipates changes in income in the upcoming quarter and the new amount is known and that the amount will remain the same for the entire QR Payment Quarter and the county is in agreement with the AU's report of the change in income. |
| (SAR) | (a) | Weekly/Bi-Weekly Payments | Under the following circumstances the county shall add weekly or bi-weekly (every other week) Data Month income amounts reported on the SAR 7 or the SAWS 2 and divide that total by the number of pay periods in the Data Month to arrive at an average weekly or bi-weekly income amount to which the conversion factor (see Section 44-315.315(b)(SAR)) shall be applied: |
| (SAR) | (1) | | An AU reports on the SAR 7 or SAWS 2 that it is paid on a weekly or bi-weekly basis and |

indicates that it does not anticipate any changes in income in the upcoming SAR Payment Period compared to the Data Month income actually reported on the SAR 7 or SAWS 2, and the county is in agreement with the AU's report of no change in income; or

(SAR) (2)

An AU reports on the SAR 7 or SAWS 2 that it is paid on a weekly or bi-weekly basis and indicates that it anticipates changes in income in the upcoming SAR Payment Period, but the county determines in its follow-up review that the AU's reasonably anticipated income in the next SAR Payment Period will not change from what was reported in the Data Month on the SAR 7 or SAWS 2; or

(SAR) (3)

An AU reports on the SAR 7 or SAWS 2 that it is paid on a weekly or bi-weekly basis and indicates that it anticipates changes in income in the upcoming SAR Payment Period and the new amount is known and the frequency of pay is anticipated to remain the same for the SAR Payment Period and the county is in agreement with the AU's report of the change in income.

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(QR) Example 1:

The recipient reports on the QR 7 that four weekly paychecks were received in the following amounts: \$115, \$100, \$135, and \$95. The recipient also indicated on the QR 7 that his/her income is not expected to change during the next QR Payment Quarter compared to the income reported on the QR 7. The county will add the four weeks of income together, divide by four and then factor the resultant amount by 4.33 (use the appropriate conversion factor for the payment frequency) to arrive at the monthly income amount for the next QR Payment Quarter. If five pay periods were reported in the Data Month on the QR 7, the county will add each week together and divide by five and then factor the resultant amount by 4.33.

(SAR) Example 1:

The recipient reports on the SAR 7 that four weekly paychecks were received in the following amounts: \$115, \$100, \$135, and \$95. The recipient also indicated on the SAR 7 that his/her income is not expected to change during the next SAR Payment Period compared to the income reported on the SAR 7. The county will add the four weeks of income together ($\$115 + \$100 + \$135 + \$95 = \$445$), divide by four ($\$445 / 4 = \111.25) and then factor the resultant amount by 4.33 ($\$111.25 \times 4.33 = \481.71) (use the appropriate conversion factor for the payment frequency) to arrive at the monthly income amount for the next SAR Payment Period. If five pay periods were reported in the Data Month on the SAR 7, the county will add each week together and divide by five and then factor the resultant amount by 4.33.

(QR) Example 2:

The QR Payment Quarter is January/February/March. The recipient indicated on the QR 7 that weekly income of \$100 was received in the Data Month and marks on the QR 7 that this income amount will not continue during the upcoming QR Payment Quarter. The county consults with the recipient and finds out that the recipient anticipated a change in income because he/she hopes to get a new job in the next quarter but has no firm offer. The recipient states that if he/she does not get a new job, he/she will continue at the current job throughout the next quarter making the same amount. Due to the speculative nature of the new job and the recipient's statement regarding the current job, the county determines that the income reported in the Data Month on the QR 7 is reasonably anticipated to continue during the next quarter. Therefore, the county would apply the conversion factor of 4.33 to the \$100 weekly amount to arrive at the monthly income amount for the next QR Payment Quarter. (In this example, because the \$100 weekly amount remains the same for each pay period, the step requiring that the weekly amounts be added together and divided by the number of pay periods is not necessary.)

- (SAR) Example 2: A recipient indicates on the SAR 7 that weekly income of \$100 was received in the Data Month and explains on the SAR 7 that this income amount will not continue during the upcoming SAR Payment Period because the recipient hopes to get a new job soon but has no firm offer. Due to the speculative nature of the new job, the county determines that the income reported in the Data Month on the SAR 7 is reasonably anticipated to continue during the next SAR Payment Period. Therefore, the county would apply the conversion factor of 4.33 to the \$100 weekly amount to arrive at the monthly income amount of \$433 for the next SAR Payment Period. (In this example, because the \$100 weekly amount remains the same for each pay period, the step requiring that the weekly amounts be added together and divided by the number of pay periods is not necessary.)
- (QR) Example 3: The QR Payment Quarter is January/February/March. The recipient indicated on the QR 7 that bi-weekly income of \$200 was received in the Data Month and marks on the QR 7 that this income amount will increase to a bi-weekly income of \$250 and will remain the same for the entire next QR Payment Quarter. The county agrees with the recipient's QR 7 information and applies the 2.167 conversion factor to the \$250 bi-weekly amount to arrive at the monthly income amount for the next QR Payment Quarter. (In this example, because the \$250 weekly amount remains the same for each pay period, the step requiring that the bi-weekly amounts be added together and divided by the number of pay periods is not necessary.)
- (SAR) Example 3: The SAR Payment Period is January through June. A recipient indicates on the May SAR 7 that bi-weekly income of \$200 was received in the Data Month and explains on the SAR 7 that this income amount will increase to a bi-weekly amount of \$250 beginning in the Submit Month of June and will continue at that amount. The county agrees with the recipient's SAR 7 information and applies the 2.167 conversion

factor to the \$250 bi-weekly amount to arrive at the monthly income amount of \$541.75 for the next SAR Payment Period. (In this example, because the \$250 bi-weekly amount remains the same for each pay period, the step requiring that the bi-weekly amounts be added together and divided by the number of pay periods is not necessary.)

(SAR) Example 4:

The SAR Payment Period is January through June. A recipient indicates on the June SAWS 2 that their current weekly income of \$150 will only continue through August, when their summer job will end. The county agrees with the recipient's SAWS 2 information and applies the 4.33 conversion factor to the \$150 weekly amount to arrive at the monthly income amount of \$649.50 for the months of July and August. No income will be used for the months of September through December.

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(b)

The average weekly and bi-weekly amounts arrived at above shall be converted to a monthly amount by using a 4.33 conversion factor for weekly payments and a 2.167 conversion factor for payments received bi-weekly.

(QR) (c)

The conversion factors can only be used if reasonably anticipated weekly and bi-weekly payments are reasonably anticipated to be paid throughout the entire QR Payment Quarter for each week or for every other week in the QR Payment Quarter. For reasonably anticipated income that is not paid weekly or bi-weekly for one or more months of the QR Payment Quarter, the total monthly reasonably anticipated income amounts shall be added together and averaged over the months of the QR Payment Quarter, by adding each month total income and dividing by the number of months in the QR payment quarter.

(SAR) (c)

The conversion factors can only be used if weekly or bi-weekly payments are reasonably

anticipated to continue throughout the SAR Payment Period.

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(QR) Example: The recipient reports on the QR 7 that she is paid on a weekly basis except she only works three weeks in a month and indicates that this frequency of pay will remain the same throughout the next QR Payment Quarter and will remain unchanged throughout the next QR Payment Quarter. She is typically paid \$115, \$100, and \$135. The county will add the three weeks of income together to arrive at a reasonably anticipated monthly income for the next QR Payment Quarter. Since income is not paid every week of the QR Payment Quarter, the conversion factor cannot be applied.

(SAR) Example: The recipient reports on the SAR 7 that she is paid on a weekly basis except she only works three weeks in a month and indicates that this frequency of pay will remain the same throughout the next SAR Payment Period and will remain unchanged throughout the next SAR Payment Period. She is typically paid \$115, \$100, and \$135. The county will add the three weeks of income together ($\$115 + \$100 + \$135 = \350) to arrive at a reasonably anticipated monthly income for the next SAR Payment Period. Since income is not paid every week of the SAR Payment Period, the conversion factor cannot be applied.

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(QR) (d) Monthly/Semi-Monthly Payments For income that is received monthly or semi-monthly (two times a month) and is expected to continue, the county shall use the total monthly income amount reported on the QR 7 for the QR Data Month to calculate cash aid for the next QR Payment Quarter. The conversion factors shall not be used for income that is received monthly or semi-monthly.

- (SAR) (d) Monthly/Semi-Monthly Payments For income that is received monthly or semi-monthly (two times a month) and is expected to continue, the county shall use the total monthly income amount reported on the SAR 7 or the SAWS 2 for the SAR Data Month to calculate cash aid for the next SAR Payment Period. The conversion factors shall not be used for income that is received monthly or semi-monthly.

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- (QR) Example: The recipient reports on the QR 7 that monthly income of \$500 received in the QR Data Month will continue for the QR Payment Quarter. The county shall use the \$500 monthly income total to calculate cash aid.

- (SAR) Example: The recipient reports on the SAWS 2 that monthly income of \$500 received in the SAR Data Month will continue for the SAR Payment Period. The county shall use the \$500 monthly income total to calculate cash aid.

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- (QR) .316 Income Expected to Be Different For income that is reasonably anticipated to be different for one or more months of the QR Payment Quarter, the monthly income amounts shall be averaged over the months of the QR Payment Quarter by adding each month's total income and dividing that total by the number of months in the QR Payment Quarter.

- (QR) If this income is paid on a weekly or bi-weekly basis, the county shall determine the number of pay periods and their amounts reasonably anticipated to be received during each month of the QR Payment Quarter to compute the reasonably anticipated income total for each month.

- (SAR) .316 Income Expected to Change For income that is reasonably anticipated to change during the SAR Payment Period, the current monthly income amount shall be used to calculate the grant for the months in which it is reasonably anticipated to be received. When a

change in income is reported, the new amount of income shall be used to calculate the grant for the months of the SAR Payment Period in which it is reasonably anticipated to be received.

(SAR)

If this income is paid on a weekly or bi-weekly basis, the county shall convert the income into a monthly amount as described in Section 44-315.315(a)(SAR) to compute the reasonably anticipated income to use for each month of the SAR Payment Period.

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(QR)

Example:

A recipient is in a January/February/March quarter. The recipient indicated on the QR 7 that weekly income of \$100 per week was received in the QR Data Month and that this income will not continue during the April/May/June quarter. The county consults with the recipient and determines that the \$100 per week pay will only be received until the second week of May. The recipient will begin a new job on June 1 and anticipates receiving a monthly income of \$500. There are five pay periods in April, and four pay periods in May.

Once the monthly income amounts for each month of the QR Payment Quarter have been determined, add the reasonably anticipated income for each month of the quarter and divide by the number of months in the QR Payment Quarter to arrive at a reasonably anticipated monthly income. The county shall use the reasonably anticipated monthly income to calculate cash aid for the QR Payment Quarter.

The county will compute income for the new quarter as follows:

April	\$500
May	\$200
June	\$500
Total Quarter income	\$1200

The reasonably anticipated monthly income is \$400 (\$1200 divided by the number of months in the QR Payment Quarter).

The reasonably anticipated income for each month of the QR Payment Quarter \$400.

(SAR) Example:

A recipient is in a January through June SAR Payment Period. The recipient indicates on the June SAR 7 that weekly income of \$100 per week was received in the SAR Data Month and that this income will increase to \$150 per week beginning in August.

The \$100 weekly income will be converted to a monthly amount ($\$100 \times 4.33 = \433) and used to determine the benefit amount for the month of July.

The \$150 weekly income will be converted to a monthly amount ($\$150 \times 4.33 = \649^*) and used to determine the benefit amount for the remaining months of the SAR Payment Period (August through December).

*50% Earned Income Disregard and Net non-exempt income must be rounded down to the nearest dollar amount per MPP Section 44-315.34.

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(SAR)

(a) Income Expected to
Fluctuate after Data
Month

If an AU/household's monthly income fluctuates or they expect the income received in the Data Month to change in the upcoming SAR Payment Period, the CWD must attempt to find out the amount of income the AU/household reasonably expects to receive, in order to determine what income, if any, can be reasonably anticipated and used in the next SAR Payment Period's benefit calculation. Only that portion of income that the AU/household reasonably anticipates it will receive can be used in the benefit calculation.

New income cannot be anticipated unless the AU/household is reasonably certain of the amount of income and the start date. If an AU/household reports that they expect their income to change or stop, but are uncertain of when or by how much, the CWD cannot reasonably anticipate this change. However, if the recipient states that the Data Month income is not typical, explains why, and lists an estimate of future income, barring any information to the contrary, the recipient's estimate of future income should be used. Additionally, if the recipient states that their income fluctuates so much that they can't anticipate any income, no income will be counted. If the CWD disagrees that the income is too unpredictable to anticipate, it must explore with the applicant or recipient what amount, if any, can be reasonably anticipated and document the basis for the amount used in the case narrative.

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(SAR) Example: Recipient provides a SAR 7 with four check stubs for the Data Month of varying amounts (\$50, \$150, \$75, and \$500). There were five weeks in that month, and for one week, he reports no earnings at all. He works on call and has no idea when he will be called in. The worker reviews the case and confirms that the recipient had periods of no income in the past. The worker then carefully documents the basis for being unable to reasonably anticipate any income, and budgets no income for the upcoming SAR period. The recipient must report income above the IRT in accordance with requirements, but any other mid-period income report is voluntary.

(SAR) Example: Using the same employment scenario as above, except that the recipient reports that he expects to earn at least \$150/month. The CWD shall accept this statement, unless there is a reason to find it questionable. The worker must document the basis for using the estimate or document the reason for using a different amount. (For

example: Past earning history shows that the recipient has always earned at least that amount, and although there were periods of higher earnings, they were sporadic). The recipient must report income above the IRT in accordance with requirements, but any other mid-period income report is voluntary. The recipient can also report mid-period if his income does not reach \$150 and the grant amount shall be supplemented, as necessary.

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- (QR) .317 Determination of Aid Based on Mid-Quarter Changes When a recipient mid-quarter report or a county initiated action changes the amount of cash aid, except as provided in Section 44-316.312(a)(3) (QR), the county shall determine the grant amount by adding the monthly income for the remaining months of the QR Payment Quarter then dividing by the number of months remaining in the QR Payment Quarter. The county shall use the reasonably anticipated monthly income to calculate cash aid for the remainder of the QR Payment Quarter.
- (SAR) .317 Determination of Aid Based on Mid-Period Changes When a recipient mid-period report or a county initiated action changes the amount of cash aid, except as provided in Section 44-316.312(a)(3) (SAR), the county shall determine the grant amount by determining the monthly income that is reasonably anticipated for each remaining month of the SAR Payment Period. The county shall use the reasonably anticipated monthly income to calculate cash aid for the remaining months of the SAR Payment Period.

.32 "Family" MAP

(Continued)

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.321 MBSAC and MAP Levels***

(a) REGION 1 MBSAC/MAP STANDARDS

<u># in AU</u>	<u>MBSAC</u>	<u>EXEMPT MAP*</u>	<u>NONEXEMPT MAP*</u>
1	\$576	\$351	\$317
2	\$943	\$577	\$516
3	\$1,169	\$714	\$638
4	\$1,387	\$849	\$762
5	\$1,584	\$966	\$866
6	\$1,781	\$1,086	\$972
7	\$1,957	\$1,192	\$1,069
8	\$2,131	\$1,301	\$1,164
9	\$2,311	\$1,405	\$1,258
10 or more**	\$2,509	\$1,510	\$1,351

REGION 2 MBSAC/MAP STANDARDS

<u># in AU</u>	<u>MBSAC</u>	<u>EXEMPT MAP*</u>	<u>NONEXEMPT MAP*</u>
1	\$546	\$334	\$300
2	\$896	\$550	\$490
3	\$1,110	\$681	\$608
4	\$1,320	\$809	\$725
5	\$1,507	\$923	\$825
6	\$1,694	\$1,035	\$926
7	\$1,858	\$1,137	\$1,016
8	\$2,028	\$1,239	\$1,109
9	\$2,191	\$1,340	\$1,198
10 or more**	\$2,386	\$1,439	\$1,286

* See MPP Section 89-110.2 for definition of Exempt and Nonexempt AUs.

** For MBSAC add twenty two dollars (\$22) for each additional needy person.

*** MBSAC Levels effective 07/01/12, MAP Levels effective 07/01/11, MBSAC levels are subject to annual Cost of Living Adjustments. MAP levels are subject to change. (See Welfare and Institutions Code Sections 11450, 11452, and 11453.)

REGION 1 COUNTIES

Alameda	Orange	Santa Clara
Contra Costa	San Diego	Santa Cruz
Los Angeles	San Francisco	Solano
Marin	San Luis Obispo	Sonoma
Monterey	San Mateo	Ventura
Napa	Santa Barbara	

REGION 2 COUNTIES

Alpine	Lake	San Bernardino
Amador	Lassen	San Joaquin
Butte	Madera	Shasta
Calaveras	Mariposa	Sierra
Colusa	Mendocino	Siskiyou
Del Norte	Merced	Stanislaus
El Dorado	Modoc	Sutter
Fresno	Mono	Tehama
Glenn	Nevada	Trinity
Humboldt	Placer	Tulare
Imperial	Plumas	Tuolumne
Inyo	Riverside	Yolo
Kern	Sacramento	Yuba
Kings	San Benito	

HANDBOOK ENDS HERE

.33 Add Special (Continued)
Need Payment

.38 Actual Grant Amount (Continued)

HANDBOOK BEGINS HERE

.381 (Continued)

.39 Computation Examples

Handbook Section 44-315.39(QR) shall become inoperative and Handbook Section 44-315.39(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Computation of Monthly Grant Amount for the QR Payment Quarter when the AU's Income Reported for the QR Data Month is Expected to Continue for Each Month of the QR Payment Quarter

Example 1:

A nonexempt family of four (a pregnant mom, stepfather (father of the unborn) and her two separate children) are in a July, August, and September Quarter. The stepfather has gross earned income of \$775 per month, with no other income and no reasonably anticipated changes in income for the QR Payment Quarter. The family lives in Region 1.

\$ 775	Reasonably Anticipated Monthly Earned Income for the Family
<u>- 112</u>	\$112 Income Disregard
\$ 663	Subtotal
<u>- 331</u>	50% Earned Income Disregard*
\$ 331	Total Net Nonexempt Income*
\$ 762	"Family" MAP for Four (mother, stepfather and two children) Region 1
<u>+ 47</u>	Special Needs AU (third trimester of pregnancy)
\$ 809	Total (MAP plus special needs)
<u>- 331</u>	Net Nonexempt Income
\$ 478	Potential Grant
\$ 638	Nonexempt AU MAP for Three (Region 1)
<u>+ 47</u>	Special Needs for AU
\$ 685	Total MAP plus Special Needs
\$ 478	Actual Grant Amount (lesser of potential grant or AU MAP plus special needs)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(SAR) Computation of monthly grant amount for the SAR Payment Period when the AU's income reported for the SAR Data Month is expected to continue for the upcoming SAR Payment Period.

Example 1:

A nonexempt family of four (a pregnant mom, stepfather (father of the unborn) and her two separate children) are in a July through December SAR Payment Period. The stepfather reports receiving gross earned income of \$775 in the Data Month of November. The AU has no other income and does not reasonably anticipate any changes in income for the upcoming SAR Payment Period. The family lives in Region 1.

\$ 775	Reasonably Anticipated Monthly Earned Income for the Family
<u>- 112</u>	\$112 Income Disregard
\$ 663	Subtotal
<u>- 331</u>	50% Earned Income Disregard*
\$ 331	Total Net Nonexempt Income*
\$ 762	"Family" MAP for Four (mother, stepfather and two children) Region 1
<u>+ 47</u>	Special Needs AU (third trimester of pregnancy)
\$ 809	Total (MAP plus special needs)
<u>- 331</u>	Net Nonexempt Income
\$ 478	Potential Grant
\$ 638	Nonexempt AU MAP for Three (Region 1)
<u>+ 47</u>	Special Needs for AU
\$ 685	Total MAP plus Special Needs
\$ 478	Actual Grant Amount (lesser of potential grant or AU MAP plus special needs)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(QR) Computation of Monthly Grant Amount for the QR Payment Quarter when the AU's Income Reported for the QR Data Month is Expected to Differ for One or More Months of the QR Payment Quarter.

Example 2:

A Region 1 nonexempt AU of four is in the October/November/December quarter. Mother submits the QR 7 for November to the county on December 10. On the QR 7, she reports that she started a part-time job in December that will only last until the end of January, when the holiday shopping season has ended. She reports that she will get paid \$900 in January and \$800 in February. One child is also receiving SSA disability benefits of \$100 per month based on an absent father's disability. SSA disability benefits are considered disability based unearned income (DBI).

Benefits for the January/February/ March quarter are computed based on the income the AU reasonably anticipates it will receive during that quarter as follows:

\$ 100	Monthly DBI
\$ 900	Reasonably Anticipated Earned Income for January
<u>+ 800</u>	Reasonably Anticipated Earned Income for February
<u>+ 0</u>	Reasonably Anticipated Earned Income for March
\$1700	Subtotal Reasonably Anticipated Earned Income for Quarter
\$ 566	Reasonably Anticipated Earned Income Divided by the Number of Months in the QR Payment Quarter $1700/3 =$ (averaged monthly earnings)*
\$ 100	Reasonably Anticipated Monthly DBI Income
<u>- 225</u>	Less DBI Disregard
0	Net DBI Income
\$ 125	Remainder of \$225 DBI Disregard
\$ 566	Reasonably Anticipated Monthly Earned Income*
<u>- 112</u>	Less remainder of \$225/112 Income Disregard
\$ 454	Subtotal*
<u>- 227</u>	Less 50% Earned Income Disregard*
\$ 227	NNI*
\$ 762	MAP for AU of Four
<u>- 227</u>	Less NNI
\$ 535	New Monthly Grant for the QR Payment Quarter

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(SAR) Computation of monthly grant amount for a SAR Payment Period when the AU's income reported for the SAR Data Month is reasonably anticipated to differ for one or more months of the SAR Payment Period.

Example 2:

A Region 1 nonexempt AU of four is in the July through December SAR Payment Period. Mother completes her redetermination on December 15. On the SAWS 2, she reports that she started a part-time job in December that will only last until the end of January, when the holiday shopping season has ended. She reports that she will get paid \$900 in January and \$450 in February. One child is also receiving SSA disability benefits of \$100 per month based on an absent father's disability. SSA disability benefits are considered disability based unearned income (DBI).

Benefits for the January through July SAR Payment Period are computed based on the income the AU reasonably anticipates it will receive during that period as follows:

Benefits for January will be computed based on earned income of \$900 and DBI of \$100 per month:

\$ 100	Reasonably Anticipated Monthly DBI Income
<u>- 225</u>	Less DBI Disregard
0	Net DBI Income
\$ 125	Remainder of \$225 DBI Disregard
\$ 900	Reasonably Anticipated Monthly Earned Income
<u>- 112</u>	Less remainder of \$225/112 Income Disregard
\$ 788	Subtotal
<u>- 394</u>	Less 50% Earned Income Disregard
\$ 394	NNI
\$ 762	MAP for AU of Four
<u>- 394</u>	Less NNI
\$ 368	Monthly Grant for January

Benefits for February will be computed based on earned income of \$450 and DBI of \$100 per month:

\$ 100	Reasonably Anticipated Monthly DBI Income
<u>- 225</u>	Less DBI Disregard
0	Net DBI Income
\$ 125	Remainder of \$225 DBI Disregard
\$ 450	Reasonably Anticipated Monthly Earned Income
<u>- 112</u>	Less remainder of \$225/112 Income Disregard
\$ 338	Subtotal
<u>- 169</u>	Less 50% Earned Income Disregard
\$ 169	NNI
\$ 762	MAP for AU of Four
<u>- 169</u>	Less NNI
\$ 593	Monthly Grant for February

Benefits for March through June will be computed based on earned income of \$0 and DBI of \$100 per month:

\$ 100	Reasonably Anticipated Monthly DBI Income
<u>- 225</u>	Less DBI Disregard
0	Net DBI Income

\$ 0	Reasonably Anticipated Monthly Earned Income
\$ 0	NNI
 \$ 762	 MAP for AU of Four
<u>- 0</u>	Less NNI
\$ 762	Monthly Grant for March through June

(QR) Mid-Quarter Changes to Cash Aid

Example 3:

A Region 1 nonexempt AU of three (mother and two children) is in the October, November, and December quarter. On her previous QR 7 received in September, (QR Data Month for the previous quarter was August), mother reported her earned income to be \$600 and that she expected no changes for the next QR Payment Quarter.

\$ 600	Reasonably Anticipated Monthly Income for the Family
<u>- 112</u>	\$112 Earned Income Disregard
\$ 488	Subtotal
<u>- 244</u>	50% Earned Income Disregard
\$ 244	Total Net Nonexempt Income [Rounded down]
 \$ 638	 Non-exempt MAP for Three, Region 1
<u>- 244</u>	Less Net Nonexempt Income
\$ 394	AU Monthly Grant for the QR Payment Quarter

On October 25, the mother voluntarily reports that the father, with no income, moved into the home on October 24. The father is determined eligible and is reasonably anticipated to have monthly income of \$200 for November and \$100 for December.

The Mid-Quarter Grant Calculation for the Remaining Months of the Quarter Would Be:

\$ 200	Father's Reasonably Anticipated Earned Income for November
<u>+ 100</u>	Father's Reasonably Anticipated Earned Income for December
\$ 300	Subtotal Reasonably Anticipated Earned Income for the Remainder of the Payment Quarter
 \$ 150	 Father's Earned Income Divided by the Remaining Months of the QR Payment Quarter $300/2 = \$150$ (reasonably anticipated monthly income)
 \$ 600	 Existing AU's Previously Determined Reasonably Anticipated Monthly Earned Income (not recalculated)
<u>+ 150</u>	Father's Reasonably Anticipated Earned Monthly Income

\$ 750	Total Net Nonexempt Income for the Potential AU
<u>- 112</u>	\$112 Earned Income Disregard
\$ 638	Subtotal
<u>- 319</u>	50% Earned Income Disregard
\$ 319	Total Net Nonexempt Averaged Income
\$ 762	Non-exempt MAP for Four, Region 1 (includes eligible father)
<u>- 319</u>	Less Net Nonexempt Income
\$ 443	AU Monthly Grant Payment for the Remaining Months of the QR Payment Quarter

Father is added to the existing AU effective November 1 since his addition to the AU will increase the cash aid. A supplement of \$49 is issued to the AU for November and the grant is increased to \$443 for the month of December.

(SAR) Mid-Period Changes to Cash Aid

Example 3:

A Region 1 nonexempt AU of three (mother and two children) is in the October through March SAR Payment Period. On her previous SAWS 2 received in September, (SAR Data Month for the previous SAR Payment Period was August), mother reported her earned income to be \$600 and that she expected no changes for the next SAR Payment Period. The grant amount for the SAR Payment Period was calculated as follows:

\$ 600	Reasonably Anticipated Monthly Income for the Family
<u>- 112</u>	\$112 Earned Income Disregard
\$ 488	Subtotal
<u>- 244</u>	50% Earned Income Disregard
\$ 244	Total Net Nonexempt Income [Rounded down]
\$ 638	Non-exempt MAP for Three, Region 1
<u>- 244</u>	Less Net Nonexempt Income
\$ 394	AU Monthly Grant for the SAR Payment Period

On November 25, the mother voluntarily reports that the father moved into the home on November 12. The father is determined eligible and is reasonably anticipated to have monthly income of \$200 a month.

The Mid-Period Grant Calculation for the Remaining Months of the SAR Payment Period Would Be:

\$ 600	Existing AU's Previously Determined Reasonably Anticipated Monthly Earned Income
<u>+ 200</u>	Father's Reasonably Anticipated Earned Monthly Income

\$ 800	Total Net Nonexempt Income for the Potential AU
<u>- 112</u>	\$112 Earned Income Disregard
\$ 688	Subtotal
<u>- 344</u>	50% Earned Income Disregard
\$ 344	Total Net Nonexempt Monthly Income
\$ 762	Non-exempt MAP for Four, Region 1 (includes eligible father),
<u>- 344</u>	Less Net Nonexempt Income
\$ 418	AU Monthly Grant Payment for the Remaining Months of the SAR Payment Period

Father is added to the existing AU effective December 1 since his addition to the AU will increase the cash aid. Because there is not time to increase the December grant, a supplement of \$24 is issued to the AU for December and the grant is increased to \$418 for the remaining months of the SAR Payment Period.

HANDBOOK ENDS HERE

- .4 Special Needs (Continued)
- .7 Proration of CalWORKs Grant (Continued)
- .72 When the beginning date of aid is after the first of the month (see Section 44-317) the total grant shall be prorated. The prorated grant shall be computed as follows: (Continued)
- .8 Zero Basic Grant
 - .81 An AU is considered to have received a cash aid payment even when:
 - .811 The payment is not sent due to penalty which reduced the payment to zero, or
 - .812 The grant amount is \$10 or less. See Section 44-315.5 regarding grants \$10 or less, or
 - .813 The grant for the AU is reduced to zero to adjust for a prior overpayment, or
 - .814 The grant based on On-The-Job Training is diverted to the employer as a wage subsidy to offset the participant's wages. See Section 42-701.2(g)(2).

Authority cited: Sections 10553, 10554, 11209, 11450, 11450(g), 11450.018(a) and (b), 11452.018(a), and 11453, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 10553, 10554, 11004, 11017, 11209, 11253.5(d) and (e), 11254, 11265.2, 11265.3, 11265.8(a), 11323.4, 11450, 11450(g), 11450.01, 11450.015, 11450.018(a) and (b), 11451.018(a), 11450.03, 11450.5, 11451.5, 11452, 11453, and 11453(a), Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12 (a)(1)(vii)].

Amend Section 44-316 to read:

Post-Hearing: Amend Section Title and Section 44-316.321(d) to read:

~~(QR)~~ 44-316 REPORTING CHANGES AFFECTING ELIGIBILITY AND GRANT DETERMINATIONS AND COUNTY ACTIONS 44-316

- .1 Reserved
- .2 Sections 44-316.2(QR) et seq. shall become inoperative and Sections 44-316.2(SAR) et seq. shall become operative in a county on the date the SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) Prior to the end of each QR Payment Quarter, the county shall request updated information from recipient families concerning all changes affecting eligibility and grant amount from the QR 7 Reporting Period and expected income changes in the next QR Payment Quarter.
- (SAR) Prior to the end of each SAR Payment Period, the county shall request updated information from recipient families concerning all changes affecting eligibility and grant amount from the current SAR Payment Period and any known income changes in the next SAR Payment Period.
- (QR) .21 For all CalWORKs recipients, such information shall be reported on the QR 7. If the recipient fails to provide the report requested by the county by the deadline provided by Section 40-181.22(QR), then the recipient's grant will be terminated in accordance with Section 22-072.
- (SAR) .21 For all CalWORKs recipients, such information shall be reported on the SAR 7 or the annual redetermination forms (SAWS 2). If the recipient fails to provide the report requested by the county by the deadline provided by Section 40-181.22(SAR), then the recipient's grant will be terminated in accordance with Section 22-072.
- (QR) .22 The county shall use the QR 7 to determine continued eligibility as specified in Section 40-181.
- (SAR) .22 The county shall use the SAR 7 or SAWS 2 to determine continued eligibility as specified in Section 40-181.
- (QR) .23 Additionally, the county shall compare the QR 7 submitted for that QR Payment Quarter to all mid-quarter reports that were reported during that QR Payment Quarter to ensure that mid-quarter circumstances reported are consistent with the circumstances reported on the QR 7.
- (SAR) .23 Additionally, the county shall compare the SAR 7 or SAWS 2 submitted for that SAR Payment Period to all mid-period reports that were received during that SAR

Payment Period to ensure that mid-period circumstances reported are consistent with the circumstances reported on the SAR 7 or SAWS 2.

- (QR) .231 Section 44-316.231(QR) shall become operative in a county on the date the QR/PB becomes effective in that county, pursuant to the Director's Declaration.

If the information reported on the QR 7 is inconsistent with the information provided in any mid quarter reports made during the QR 7 Reporting Period, the county shall take action to resolve the discrepancy. The county shall first attempt to contact the recipient to resolve the discrepancy. If the county is unable to contact the recipient or obtain resolution from such contact, the QR 7 shall be considered incomplete.

- (SAR) .231 If the information reported on the SAR 7 or SAWS 2 is inconsistent with the information provided in any mid-period reports made during the SAR Reporting Period, the county shall take action to resolve the discrepancy. The county shall first attempt to contact the recipient to resolve the discrepancy. If the county is unable to contact the recipient or obtain resolution from such contact, the SAR 7 or SAWS 2 shall be considered incomplete.

- .3 Section 44-316.3(QR) et seq. shall become inoperative and Section 44-316.3(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Mid-Quarter Actions

- (QR) The county shall act on specified changes that occur mid-quarter. Mid-quarter changes to cash aid shall be acted on separately and sequentially under quarterly reporting/prospective budgeting and include:

(SAR) Mid-Period Actions

- (SAR) The county shall act on specified changes that occur mid-period. Mid-period changes to cash aid shall be acted on separately and sequentially under semi-annual reporting/prospective budgeting rules and include:

(QR) .31 Recipient Mid-Quarter Voluntary Reports

- (QR) Recipients may voluntarily report verbally or in writing, changes in income and circumstances any time during the QR Payment Quarter. The county shall also accept a report of decreased income on the QR 7 as a voluntary mid-quarter report when the QR 7 is received in the Submit Month of the QR Payment Quarter. When a voluntary report of decreased income is received in the Submit Month, the county shall also treat this information as updated QR 7 income information (see Section 44-315.314(QR)) when determining cash aid for the next QR Payment Quarter. The county shall take action on voluntary reports that increase cash aid or the recipient

requests voluntary discontinuance of aid. If the grant would decrease (for reasons other than a voluntary discontinuance of aid) or not change based on the voluntary report (except as provided in Section 44-318.152(a)(QR)), the county shall not take action to change the grant, but shall send a notice pursuant to Section 22-071.12(QR). Recipients must provide all verifications within ten days of a voluntary report prior to county action.

(SAR) .31 Recipient Mid-Period Voluntary Reports

(SAR) Recipients may voluntarily report verbally or in writing, changes in income and circumstances any time during the SAR Payment Period. The county shall also accept a report of decreased income on the SAR 7 or SAWS 2 as a voluntary mid-period report when the SAR 7 or SAWS 2 is received in the Submit Month of the SAR Payment Period. When a voluntary report of decreased income is received in the Submit Month outside of the SAR 7 or SAWS 2 report, the county shall also treat this information as updated SAR 7 or SAWS 2 income information (see Section 44-315.314(SAR)) when determining cash aid for the next SAR Payment Period.

(SAR) The county shall take action on voluntary reports that increase cash aid or recipient requests to voluntarily discontinue their aid. If the grant would decrease (for reasons other than a voluntary discontinuance of aid) or not change based on the voluntary report (except as provided in Section 44-318.152(a)(SAR)), the county shall not take action to change the grant, but shall send a notice pursuant to Section 22-071.12(SAR). Recipients must provide all verifications within ten days of a voluntary report prior to county action.

(QR) .311 When a voluntary report is made by the recipient regarding changes in income and/or circumstances during the QR Payment Quarter, the county must request verification in writing.

(QR) (a) If the recipient provides verification within 10 days of the voluntary mid-quarter report, the change is effective the first of the month following the voluntary report except as provided in Section 44-316.312(a)(4)(QR).

(QR) (b) If the recipient does not provide the necessary verification, the county shall send a No Change NOA to the AU.

(QR) (c) If the recipient provides verification after the 10 days, the date the verification is provided shall be considered the date of a voluntary report.

(SAR) .311 When a voluntary report is made by the recipient regarding changes in income and/or circumstances during the SAR Payment Period, the county must request verification in writing, allowing 10 days.

(SAR) (a) If the recipient provides verification within the 10 days given in the request for verification notice, the change is effective the first of the

month following the voluntary report except as provided in Section 44-316.312(a)(4)(SAR).

- (SAR) (b) If the recipient does not provide the necessary verification, the county shall send a No Change NOA to the AU.
- (SAR) (c) If the recipient provides verification after the 10 days, the date the verification is provided shall be considered the date of the voluntary report.

.312 Recipient voluntary reports include, but are not limited to, the following:

(a) Decreases in Reasonably Anticipated Income

- (1) When an AU voluntarily reports a decrease in income from the amount that was reasonably anticipated to be received, the county shall determine if the AU's cash aid will increase based on the changed income amount.
- (QR) (A) When an AU receives income from more than one source, and reports that its income has decreased, only the income that experienced the decrease shall be recalculated for the current and remaining months of the quarter. The new grant amount shall be calculated using the existing averaged income that didn't change and the recalculated averaged income (the income that decreased).
- (SAR) (A) When an AU receives income from more than one source, and reports that its income has decreased, only the income that experienced the decrease shall be recalculated for the current and remaining months of the SAR Payment Period. The new grant amount shall be calculated using the existing income that didn't change and the recalculated income (the income that decreased).
- (QR) (B) When an AU consists of more than one person with income and one person experiences a decrease in income, only the changed income shall be recalculated. The new grant amount shall be based on that person's recalculated income along with the existing AUs averaged monthly income that did not change.
- (SAR) (B) When an AU consists of more than one person with income and one person experiences a decrease in income, only the changed income shall be recalculated. The new grant amount shall be based on that person's recalculated income

along with the existing AUs reasonably anticipated monthly income that did not change.

- (2) When cash aid would increase due to a voluntary reported decrease in reasonably anticipated monthly income, the county shall determine a new monthly grant amount based on the report of decreased income.
- (QR) (3) The county shall use the new reasonably anticipated income for the month in which the decreased income occurred or the month it was reported, whichever is later, and the reasonably anticipated monthly income for the remaining months of the QR Payment Quarter in recalculating cash aid for the month in which the change was reported and remaining months of the QR payment Quarter.
- (SAR) (3) The county shall use the new reasonably anticipated income for the month in which the decreased income occurred or the month it was reported, whichever is later, and the reasonably anticipated monthly income determined for the rest of the SAR Payment Period in recalculating cash aid for the month in which the change was reported and remaining months of the SAR Payment Period.
- (QR) (4) The county shall issue a supplement within ten days of receiving verification. The supplement shall be based on the difference between the recalculated cash aid and the cash aid that was paid for the month the decrease in income is reported or the month the change actually occurs whichever is later and when all verification has been provided (see Section 44-340.3(QR)).
- (SAR) (4) The county shall issue a supplement within ten days of receiving verification. The supplement shall be based on the difference between the recalculated cash aid and the cash aid that was paid for the month the decrease in income is reported or the month the change actually occurs, whichever is later, and when all verification has been provided (see Section 44-340.3(SAR)).
- (QR) (5) The county shall increase the grant amount for the remainder of the QR Payment Quarter based upon the newly calculated grant in Section 44-316.312(a)(3)(QR).
- (SAR) (5) The county shall increase the grant amount for the remainder of the SAR Payment Period based upon the newly calculated grant in Section 44-316.312(a)(3)(SAR).

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(QR) Example 1:

An exempt AU of three, in Region 1 is in the April/May/June quarter and is receiving a QR Payment Quarter grant of \$192 per month. The grant was based on the mother having reasonably anticipated earned income of \$1200 per month. On April 15, the mother reports that she lost her job and will only receive a \$600 paycheck for the month of April and anticipates no income for the remainder of the quarter. The county requests verification of the job loss and the recipient provides the necessary documentation by April 20. The county shall recalculate aid for QR Payment Quarter as follows:

\$ 600	April Actual Income
+ 0	May Reasonably Anticipated Income
+ 0	June Reasonably Anticipated Income
\$ 600	Earned Income for the Quarter
÷ 3	Earned Income Divided by Three
\$ 200	Reasonably Anticipated Monthly Income (month of report of decreased income plus the remaining months of the current QR Payment Quarter)
\$ 200	Reasonably Anticipated Monthly Income
- 225	Income Disregard
\$ 0	Subtotal
	50% Earned Income Disregard
\$ 0	Total Net Nonexempt Income
\$ 704	MAP for Three in Region 1 (QR Payment Quarter monthly grant)
\$ 704	Potential Monthly Grant Amount
- 192	Grant Already Received
\$ 512	Supplement

A supplement of \$512 is issued for the family for the month of April and the cash aid is increased to \$704 for May and June.

(SAR) Example 1:

An exempt AU of three, in Region 1 is in the April through September SAR Payment Period and is receiving a grant of \$94 per month. The grant was based on the mother having reasonably anticipated earned income of \$1,200 per month. On June 15, the mother reports that she lost her job and will only receive a \$600 paycheck for the month of June and anticipates no income for the remainder of the SAR Payment Period. The county requests verification of the job loss and the recipient provides the

necessary documentation by June 20. The county shall recalculate her aid for the SAR Payment Period as follows:

\$ 600	June Actual Income
<u>-\$112</u>	Earned Income Disregard
\$488	
<u>-244</u>	50% Earned Income Disregard
\$244	Net Nonexempt Income for June
\$638	MAP for three in Region 1
<u>-244</u>	Net Nonexempt Income
\$394	Grant Amount for June
<u>- 94</u>	June Grant Already Received
\$300	Supplement for June
+ 0	Reasonably Anticipated Income for July through September
\$638	MAP for three in Region 1
\$638	Grant Amount for July through September

A supplement of \$300 is issued for the family for the month of June (no later than June 30) and the cash aid is increased to \$638 for July, August, and September.

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- (6) If the AU voluntarily reports a decrease in earnings that resulted from a loss or reduction in hours of employment, and the county determines that the recipient did not have good cause for the job quit/reduction in hours, the county shall impose a sanction pursuant to Section 42-721.4. However, the county shall not wait to increase cash aid due to voluntary report of decreased income while determining if good cause exists before imposing the sanction. See Section 42-721.44 for the time frame for imposing sanctions.

(b) Adding Persons to an Existing AU

- (1) When an AU voluntarily reports a new person in the home, the county shall determine:
 - (A) If the new person is CalWORKs eligible; and
 - (B) If the new person were added into the AU, the AU would still meet all eligibility conditions; and

(C) If the addition of the new person would increase or decrease the grant amount or render the AU ineligible.

(QR) (2) In determining if the new person is CalWORKs eligible, the county shall use the reasonably anticipated averaged income for the new person and the existing AU's income for the month in which the new person was voluntarily reported in the home and the remaining months of the QR Payment Quarter. In making this determination, the county shall not recalculate the existing AU's reasonably anticipated monthly income that was previously computed.

(SAR) (2) In determining if the new person is CalWORKs eligible, the county shall use the reasonably anticipated income for the new person and the existing AU's income for the month in which the new person was voluntarily reported in the home and the remaining months of the SAR Payment Period. In making this determination, the county shall not recalculate the existing AU's reasonably anticipated monthly income that was previously computed.

(3) When aid would increase due to the voluntary report of a new person, the county shall add the new person effective the first of the month following the report of the change, in which all verification has been provided and all eligibility conditions have been met.

(QR) (A) The county shall include the new person's reasonably anticipated monthly income along with the existing AU's reasonably anticipated monthly income to recalculate cash aid for the month the new person is added and the remaining months of the QR Payment Quarter.

(SAR) (A) The county shall include the new person's reasonably anticipated monthly income along with the existing AU's reasonably anticipated monthly income to recalculate cash aid for the month the new person is added and the remaining months of the SAR Payment Period.

(QR) 1. The new person's income will be averaged for the remaining months of the QR Payment Quarter. The county shall not recalculate the existing AU's monthly income that was previously computed when adding a new person to the grant.

(SAR) 1. The new person's income will be determined for the remaining months of the SAR Payment Period. The county shall not recalculate the existing AU's monthly

income that was previously computed when adding a new person to the grant.

- (QR) 2. The new grant amount shall be based on the AU's existing averaged monthly income and the new person's calculated averaged monthly income for the months the new person would be included in the AU.
- (SAR) 2. The new grant amount shall be based on the AU's existing monthly income and the new person's reasonably anticipated income for the months the new person would be included in the AU.
- (QR) (B) The county shall increase the grant amount for the month the new person is added and the remaining months of the QR Payment Quarter based on the recalculation of the AU's cash aid (see Section 44-340.3(QR)).
- (SAR) (B) The county shall increase the grant amount for the month the new person is added and the remaining months of the SAR Payment Period based on the recalculation of the AU's cash aid (see Section 44-340.3(SAR)).
- (QR) (4) When adding a new person who would result in an increase in aid, but the new person does not meet all eligibility conditions, before aid is authorized, the county shall not add the person nor discontinue the existing AU mid-quarter.
- (SAR) (4) When adding a new person who would result in an increase in aid, but the new person does not meet all eligibility conditions before aid is authorized, the county shall not add the person nor discontinue the existing AU mid-period.
- (QR) (5) If the addition of a new person would result in a decrease in the existing AU's cash aid, the county shall not add the new person until the first day of the next QR Payment Quarter that follows the mandatory reporting of the new person on the QR 7, after all verification has been provided and all eligibility conditions have been met (except as provided in Section 82-832.3(QR)).
- (SAR) (5) If the addition of a new person would result in a decrease in the existing AU's cash aid, the county shall not add the new person until the first day of the next SAR Payment Period that follows the mandatory reporting of the new person on the SAR 7 or SAWS 2, after all verification has been provided and all eligibility conditions have been met (except as provided in Section 82-832.3(SAR)).

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(QR) Example: An AU of three (mother and two children) are in a January/February/March Quarter. Father, who is disabled and has a part time job, moves into the home January 10 and is voluntarily reported in January by the AU. The county recalculates aid for the QR Payment Quarter using the father's reasonably anticipated income for the quarter and determines the addition of the father would decrease aid for the existing AU. The county does not add the father into the AU mid-quarter. The county will send a No Change NOA and remind the existing AU to report the father on the next QR 7, due March 5. If the father is still living in the home, meets all eligibility conditions, and the AU remains eligible, the father will be added into the AU April 1 and his income will be used in the grant calculation for the April/May/June QR Payment Quarter.

(SAR) Example: An AU of three (mother and two children) are in a January through June SAR Payment Period. Father, who is disabled and has a part time job, moves into the home February 10 and is voluntarily reported in February by the AU. The county recalculates aid for the SAR Payment Period using the father's reasonably anticipated income for the period and determines the addition of the father would decrease aid for the existing AU. The county does not add the father into the AU mid-period. The county will send a No Change NOA and remind the existing AU to report the father on the SAWS 2, due June 15. If the father is still living in the home, meets all eligibility conditions, and the AU remains eligible, the father will be added into the AU July 1 and his income will be used in the grant calculation for the July through December SAR Payment Period.

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(QR) (6) If adding a new person would render the existing AU ineligible, the county shall not take action mid-quarter to discontinue the existing AU. The county shall discontinue the existing AU, with timely and adequate notice, at the end of the QR Payment Quarter in which the new person is mandatorily reported on the QR 7.

(SAR) (6) If adding a new person would render the existing AU ineligible, the county shall not take action mid-period to discontinue the existing AU. The county shall discontinue the existing AU, with timely

and adequate notice, at the end of the SAR Payment Period in which the new person is mandatorily reported on the SAR 7 or SAWS 2.

(QR) (c) Request Discontinuance for Aid to Existing AU Members

(QR) At any time during the QR Payment Quarter, a voluntary request can be made to discontinue the entire AU or any individual AU member who is no longer in the home or is an optional person.

(SAR) (c) Request Discontinuance for Aid to Existing AU Members

(SAR) At any time during the SAR Payment Period, a voluntary request can be made to discontinue the entire AU or any individual AU member who is no longer in the home or is an optional person.

- (1) If a voluntary request for discontinuance is made verbally, the county shall discontinue cash aid at the end of the month in which timely and adequate notice can be provided.
- (2) If the request for discontinuance was made in writing, the county shall discontinue cash aid at the end of the month with adequate notice.
- (3) If an individual requests discontinuance from an existing AU, the county shall discontinue the individual even when that individual's request results in a decrease in aid for the remaining AU members.

(QR) (A) The county shall not presume that a mid-quarter report of an individual leaving the home is a voluntary request for discontinuance of that AU member. In such circumstances, the county shall verify with the AU if the AU is seeking to discontinue that individual, and shall inform the AU that such a discontinuance shall result in decreased cash aid to the remaining AU members.

(SAR) (A) The county shall not presume that a mid-period report of an individual leaving the home is a voluntary request for discontinuance of that AU member. In such circumstances, the county shall verify with the AU if the AU is seeking to discontinue that individual, and shall inform the AU that such a discontinuance shall result in decreased cash aid to the remaining AU members.

(QR) (B) If an individual AU member who has left the home requests a discontinuance, but the AU has not voluntarily reported the

departure; the individual's request for discontinuance takes precedence over the AU's decision to not make this voluntary mid-quarter report.

- (SAR) (B) If an individual AU member who has left the home requests a discontinuance, but the AU has not voluntarily reported the departure, the individual's request for discontinuance takes precedence over the AU's decision to not make this voluntary mid-period report.

(d) Request for Recurring Special Needs

- (QR) (1) Recurring special needs that have been requested mid-quarter and have been verified and approved will begin the first of the month in which either the need was reported or the verification substantiates that the need exists, whichever is later, and shall remain in effect until the end of the quarter in which the special need is expected to end, except as provided in Section 44-211.641(QR).
- (SAR) (1) Recurring special needs that have been requested mid-period and have been verified and approved will begin the first of the month in which either the need was reported or the verification substantiates that the need exists, whichever is later, and shall remain in effect until the end of the SAR Payment Period in which the special need is expected to end, except as provided in Section 44-211.641 (SAR).
- (QR) (2) When an AU member becomes pregnant mid-quarter, the county shall make payment according to existing pregnancy special need rules (see Sections 44-211.6 et seq.) and will continue payment of the special need until the end of the quarter in which the child is expected to be born.
- (SAR) (2) When an AU member becomes pregnant mid-period, the county shall make payments according to existing pregnancy special need rules (see Sections 44-211.6 et seq.) and will continue payment of the special need until the end of the SAR Payment Period in which the child is expected to be born.
- (QR) (A) If the pregnancy is verified to extend beyond the estimated date of confinement and extends into the next QR Payment Quarter, the county shall continue the pregnancy special need payment until the end of the QR Payment Quarter in which the new estimated date of confinement is established or until the newborn is added to the AU. See Section 44-318.15 for when to add the newborn.

- (SAR) (A) If the pregnancy is verified to extend beyond the estimated date of confinement and extends into the next SAR Payment Period, the county shall continue the pregnancy special need payment until the end of the SAR Payment Period in which the new estimated date of confinement is established or until the newborn is added to the AU. See Section 44-318.15 (SAR) for when to add the newborn.

(QR) .32 Recipient Mid-Quarter Mandatory Reports

- (QR) Recipients shall report in person, verbally or in writing, specific changes during the QR Payment Quarter within ten days of when the change becomes known to the AU.

(SAR) .32 Recipient Mid-Period Mandatory Reports

- (SAR) Recipients shall report in person, verbally or in writing, specific changes during the SAR Payment Period within ten (10) days of when the change becomes known to the AU.

.321 The following occurrences shall be reported by the recipient to the county:

- (a) Drug felony convictions
- (b) Fleeing felon status
- (c) Violation of conditions of probation or parole
- (d) Address changes

(1) The act of failing to report an address change shall not, in and of itself, result in a reduction in aid or a termination of benefits.

- (QR) (e) Income exceeding the Income Reporting Threshold (IRT)

- (SAR) (e) Income exceeding the lowest of three levels of the Income Reporting Threshold (IRT)

.322 The county shall discontinue cash aid to the recipient at the end of the month in which timely and adequate notice can be provided when changes specified in Sections 44-316.321(a), (b), and (c) are reported.

.323 The county shall act on address changes, in accordance with regulations and procedures regarding changes of residence. (See Sections 40-125 and 42-405.)

.324 Income Reporting Threshold (IRT)

- (QR) (a) The level of income that triggers the need for a CalWORKs AU to report a mid-quarter change in income. The IRT is the greater of 130 percent of the Federal Poverty Level or the level at which an AU becomes financially ineligible.
- (SAR) (a) The level of income that triggers the need for a CalWORKs AU to report a mid-period change in income. There are three tiers of the IRT under semi-annual reporting, the lowest of which will be the AU's current IRT amount:
- (SAR) (1) 55 percent of the Federal Poverty Level for a family of three, plus the amount of income last used to calculate the AU's monthly grant amount.
- (SAR) (2) The amount of income likely to render the AU ineligible for CalWORKs benefits.
- (SAR) (3) 130 percent of the Federal Poverty Level or the level at which a household becomes financially ineligible for federal SNAP benefits (called CalFresh in California).

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Handbook Section 44-316.324(a)(SAR) will become operative in a county on the date that SAR is implemented in the county, pursuant to the County's SAR Declaration.

(SAR) There are three tiers of the IRT under SAR, the LOWEST of which will be the AU's current IRT:

- 1) **Tier one:** 55 percent of the monthly income of a family of three at the Federal Poverty Level (FPL) plus the amount of income last used to calculate the AU's grant. (100 percent of the current FPL for a family of 3 as of 12-1-12 is \$1,590.83. 55 percent of \$1,590.83 = \$875. This figure will be updated annually when the FPL is updated.)
 - a. This tier is an INCREASE in income of \$875.
 - b. This tier is the same for all AU sizes, exempt and non-exempt, in Region 1 and 2.
 - c. Income over tier one of the IRT will usually only result in a decrease to the benefit amount and will not usually result in the AU losing eligibility for aid.

Example: Tier One of the CalWORKs IRT based on various income amounts	
Income	IRT (\$875 + income)
\$0	\$875 (\$875 + \$0 = \$875)
\$50	\$925 (\$875 + \$50 = \$925)
\$100	\$975 (\$875 + \$100 = \$975)
\$200	\$1,075 (\$875 + \$200 = \$1,075)
\$300	\$1,175 (\$875 + \$300 = \$1,175)
\$400	\$1,275 (\$875 + \$400 = \$1,275)
\$500	\$1,375 (\$875 + \$500 = \$1,375)
\$600	\$1,475 (\$875 + \$600 = \$1,475)
\$750	\$1,625 (\$875 + \$750 = \$1,625)
\$1,000	\$1,875 (\$875 + \$1,000 = \$1,875)
\$1,500	\$2,375 (\$875 + \$1,500 = \$2,375)

2) **Tier two:** The level likely to render an AU ineligible for CalWORKs benefits:

Assistance Unit Size	*Maximum Earned Income Limit Region 1, Non-Exempt	*Maximum Earned Income Limit Region 1, Exempt
0	\$ 112	\$ 112
1	\$ 746	\$ 814
2	\$1,144	\$1,266
3	\$1,388	\$1,540
4	\$1,636	\$1,810
5	\$1,844	\$2,044
6	\$2,056	\$2,284
7	\$2,250	\$2,496
8	\$2,440	\$2,714
9	\$2,628	\$2,922
10 or more	\$2,814	\$3,132

Assistance Unit Size	*Maximum Earned Income Limit Region 2, Non-Exempt	*Maximum Earned Income Limit Region 2, Exempt
0	\$ 112	\$ 112
1	\$ 712	\$ 780
2	\$1,092	\$1,212
3	\$1,328	\$1,474
4	\$1,562	\$1,730
5	\$1,762	\$1,958
6	\$1,964	\$2,182
7	\$2,144	\$2,386
8	\$2,330	\$2,590
9	\$2,508	\$2,792
10 or more	\$2,684	\$2,990

*Formula: MAP X 2 + \$112

(Example: Non-exempt MAP for an AU of 3 in Region 1 is \$638. $638 \times 2 + 112 = \$1388$.)

- 3) **Tier Three:** The level likely to render a family ineligible for federal SNAP benefits. (130 percent of FPL. This Chart will be updated annually.)

Household Size	Income Reporting Threshold
1	\$1,180
2	\$1,594
3	\$2,008
4	\$2,422
5	\$2,836
6	\$3,249
7	\$3,663
8	\$4,077
9	\$4,491
10 or more	\$4,905

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- (QR) (b) If any member of the AU or person included in the family MAP, when the AU's current grant was determined, has earned income or begins receiving earned income, the AU must report to the county when the family's combined gross monthly income, earned and unearned, exceeds the AU's IRT during the QR Payment Quarter.

- (SAR) (b) If any member of the AU or person included in the family MAP, when the AU's current grant was determined, has earned income or begins receiving earned income, the AU must report to the county when the family's combined gross monthly income, earned and unearned, exceeds the AU's IRT during the SAR Payment Period.
- (1) An AU that has earned income only or a combination of earned and unearned income shall report when the family's combined gross monthly income exceeds the AU's IRT.
 - (2) An AU that has no income or has unearned income only shall report if they begin to receive earned income that, once combined with other family income, exceeds the AU's IRT.
- (QR) (c) When an AU reports income in excess of the IRT, the county shall redetermine the AU's financial eligibility for the QR Payment Quarter.
- (SAR) (c) When an AU reports income in excess of the IRT, the county shall redetermine the AU's financial eligibility and grant amount for the SAR Payment Period.
- (QR) (1) When the AU reports income in excess of the IRT in the first or second month of the current QR Payment Quarter, the county shall determine if the reported income is reasonably anticipated to continue and whether the AU's net nonexempt monthly averaged income for the remainder of the current QR Payment Quarter will exceed the AU's MAP. If the averaged income is reasonably anticipated to continue to exceed the AU's MAP for the remainder of the QR Payment Quarter, the county shall determine the AU financially ineligible and shall discontinue the AU at the end of the month in which the AU first received the income that exceeded the AU's MAP, with timely and adequate notice (see Section 44-207.23(QR)).
- (SAR) (1) When the AU reports income in excess of the IRT in the first through fifth month of the current SAR Payment Period, the county shall determine if the reported income is reasonably anticipated to continue and whether the AU's net nonexempt monthly income determined for the remainder of the current SAR Payment Period will result in a lower grant amount or will exceed the income eligibility limits for CalWORKs. If the income is reasonably anticipated to continue to result in a lower grant amount for the remainder of the SAR Payment Period, the county shall recalculate the AU's grant amount for the remainder of the SAR Payment Period. If the income is reasonably anticipated to continue to exceed the AU's income eligibility limits for the remainder of the

SAR Payment Period, the county shall determine the AU financially ineligible and shall discontinue the AU at the end of the month in which the AU first received the income that exceeded the AU's eligibility limits, with timely and adequate notice (see Section 44-207.23(SAR)).

- (QR) (A) If the AU reports that the income will no longer exceed the IRT prior to the effective date of the discontinuance, and the county determines that this is reasonably anticipated, the county shall rescind the discontinuance.
- (SAR) (A) If the AU reports that the income will no longer exceed the IRT prior to the effective date of the decrease or discontinuance, and the county determines that this is reasonably anticipated, the county shall rescind the decrease or discontinuance.
- (QR) (B) If the AU requests restoration of cash aid after the QR Payment Quarter in which the discontinuance takes effect, financial eligibility shall be determined in accordance with Sections 40-125.91 and .92(QR).
- (SAR) (B) If the AU requests restoration of cash aid after the SAR Payment Period in which they were discontinued for income over IRT, financial eligibility shall be determined in accordance with Sections 40-125.91 and .92(SAR).
- (QR) (2) When an AU reports income in excess of the IRT in the third month of the current QR Payment Quarter, the county shall determine if the reported income is reasonably anticipated to continue. If the income will continue, the county shall use that information together with the QR 7 information to prospectively determine eligibility and cash aid amount for the next QR Payment Quarter.
- (SAR) (2) When an AU reports income in excess of the IRT in the sixth month of the current SAR Payment Period, the county shall determine if the reported income is reasonably anticipated to continue. If the income will continue, the county shall use that information together with the SAR 7 or SAWS 2 information to prospectively determine eligibility and cash aid amount for the next SAR Payment Period.
- (QR) (d) If income that was reported as being in excess of the IRT is only expected to exceed the IRT for that one month and will not continue to exceed the IRT, the county shall not take action to discontinue cash aid.

If the recipient's report indicates there will also be a decrease in the income previously anticipated for the QR Payment Quarter, the county shall treat this additional information as a mid-quarter report.

- (SAR) (d) If income that was reported as being in excess of the IRT is only expected to exceed the IRT for that one month and will not continue to exceed the IRT, the county shall not take action to decrease or discontinue cash aid. If the recipient's report indicates there will also be a decrease in the income previously anticipated for the SAR Payment Period, the county shall treat this additional information as a mid-period report.

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- (QR) Example: An AU is in the April/May/June Quarter. In April, the AU reports timely to the county that their earned income exceeded the IRT due to overtime. When determining the reasonably anticipated income for May and June for the AU due to the IRT report, it is discovered that the AU will have no income for those months. Since the income over the IRT will not continue, the AU is not discontinued. The county shall treat this information as a mid-quarter report and recalculate the cash aid amount, after verification is received, for the decreased income for May and June. If the recalculation results in an increase of cash aid, a supplement will be issued for May and the grant increased for June.

(QR) Income Reporting Threshold (IRT) for Recipient Family

Region One	
*Reporting Size	Income Reporting Threshold
0	\$227
1	\$1009
2	\$1362 Oct. & Nov. 2004) \$1394 (Dec.2004 forward)
3	\$1698
4	\$2043
5	\$2387
6	\$2732
7	\$3076
8	\$3421
9	\$3766
10 or more	\$4111

Effective 10/1/04

Region Two	
*Reporting Size	Income Reporting Threshold
0	\$227
1	\$1009
2	\$1354
3	\$1698
4	\$2043
5	\$2387
6	\$2732
7	\$3076
8	\$3421
9	\$3766
10 or more	\$4111

Effective 10/1/04

* The numbers in this column reflect the number of persons whose needs are included in the determination of eligibility for the AU. This number may be greater than the family's AU size.

(SAR) Example: An AU is in an April through September SAR Payment Period. In May, the AU reports timely to the county that their earned income exceeded the IRT due to overtime. When determining the reasonably anticipated income for the rest of the SAR Payment Period for the AU due to the IRT report, it is discovered that the AU will lose their job at the end of May and have no income for the remaining months of the SAR Payment Period. Since the income over the IRT will not continue, the AU's grant is not decreased or discontinued. The county shall treat the information about the decreased income as a mid-period report and recalculate the cash aid amount, after verification is received, for the remaining months of the SAR Payment Period (June through September).

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(QR) .33 County Initiated Mid-Quarter Changes

The county shall take mid-quarter action on certain specified changes in eligibility and grant status at the end of the month in which the change occurred even if it results in a decrease in cash aid.

(SAR) .33 County-Initiated Mid-Period Changes

The county shall take mid-period action on certain specified changes in eligibility and grant status at the end of the month in which the change occurred even if it results in a decrease in cash aid.

(QR) .331 County-initiated actions include:

- (QR) (a) An adult in the AU reaches the 48-month time limit;
- (QR) (b) The county imposes a sanction or financial penalty on an individual member of the AU;
- (QR) (c) The county removes the sanction of an individual who corrects his/her welfare-to-work participation problem, in accordance with Section 42-721.48;
- (QR) (d) The county removes the penalty for an AU that complies with the CalWORKs program requirements;
- (QR) (e) A Cal-Learn participant earns a Cal-Learn bonus or sanction;
- (QR) (f) A child in the AU reaches the age limit (see Section 42-101);

- (QR) (g) A child in the AU is placed in Foster Care;
- (QR) (h) A Refugee Cash Assistance (RCA) recipient reaches the eight-month RCA time limit;
- (QR) (i) Aid is authorized for an individual who is currently aided in another AU;
- (QR) (j) Late QR 7 adjustment;
- (QR) (k) State Hearing decision resulting in mandatory changes mid-quarter;
- (QR) (l) When an AU becomes a Family Reunification case;
- (QR) (m) An AU member is no longer a California resident;
- (QR) (n) County acts on redetermination information in accordance with Section 40-181.1(QR).
- (QR) (o) Adjustments to correct erroneous payments caused by (1) incorrect or incomplete recipient QR 7 or mid-quarter reporting; or (2) incorrect action or lack of action by the county on QR 7 or mid-quarter information reported by the recipient;
- (QR) (p) When it becomes known to the county that an AU member is deceased;
- (QR) (q) An AU is transferred to a Tribal TANF program;
- (QR) (r) Cost-of-living adjustments for Minimum Basic Standards of Adequate Care (including income in-kind), Maximum Aid Payment, and Social Security;
- (QR) (s) When it becomes known to the county that an individual is confined in a correctional facility on the first of a month and is expected to remain for a full calendar month or more (see Section 82-812.61).

(SAR) .331 County-initiated actions include:

- (SAR) (a) An adult in the AU reaches the 48-month time limit;
- (SAR) (b) The county imposes a sanction or financial penalty on an individual member of the AU;
- (SAR) (c) The county removes the sanction of an individual who corrects his/her welfare-to-work participation problem, in accordance with Section 42-721.48;

- (SAR) (d) The county removes the penalty for an AU that complies with the CalWORKs program requirements;
- (SAR) (e) A Cal-Learn participant earns a Cal-Learn bonus or sanction;
- (SAR) (f) A child in the AU reaches the age limit (see Section 42-101);
- (SAR) (g) A child in the AU is placed in Foster Care;
- (SAR) (h) A Refugee Cash Assistance (RCA) recipient reaches the eight-month RCA time limit;
- (SAR) (i) Aid is authorized for an individual who is currently aided in another AU;
- (SAR) (j) Late SAR 7 adjustment;
- (SAR) (k) State Hearing decision resulting in mandatory changes mid-period;
- (SAR) (l) When an AU becomes a Family Reunification case;
- (SAR) (m) An AU member is no longer a California resident;
- (SAR) (n) County acts on redetermination information in accordance with Section 40-181.1(SAR).
- (SAR) (o) Adjustments to correct erroneous payments caused by (1) incorrect or incomplete recipient SAR 7, SAWS 2 or mid-period reporting; or (2) incorrect action or lack of action by the county on SAR 7, SAWS 2 or mid-period information reported by the recipient;
- (SAR) (p) When it becomes known to the county that an AU member is deceased;
- (SAR) (q) An AU is transferred to a Tribal TANF program;
- (SAR) (r) Cost-of-living adjustments for Minimum Basic Standards of Adequate Care (including income in-kind), Maximum Aid Payment, and Social Security;
- (SAR) (s) When it becomes known to the county that an individual is confined in a correctional facility on the first of a month and is expected to remain for a full calendar month or more (see Section 82-812.61).
- (SAR) (t) Nine-month real property exemption expires (see Section 42-213.12).

Authority cited: Sections 10553, 10554, and 11369, Welfare and Institutions Code.

Reference: Section 10063, 11265, 11265.1, 11265.2, 11265.3, 11450.5, 11454, and 11454.2, Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12 (a)(1)(vii)].

Amend Section 44-317 to read:

44-317 BEGINNING DATE OF AID FOR NEW APPLICATIONS

44-317

When the applicant is found eligible, the following are beginning dates of aid:

.1 Beginning Date of Aid Determination

.11 (Continued)

.111 (Continued)

- (a) In the event the CWD is closed during the regular eight hours of a working day as defined in Sections 11-601.214 and .215, and an application for CalWORKs benefits is deposited in a drop box, mail slot, or other reasonable accommodation in accordance with Section 11-601.311(b), the "date of application" shall be the date the application is deposited. (Continued)

- (b) (Continued)

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- (c) Example: On Friday, when the CWD is closed, an applicant deposits an application for CalWORKs benefits in a mail slot designated for that purpose. The application will be date stamped with Friday's date or it will be otherwise indicated on the application that it was received on Friday, the date of application. Had the applicant made a request for Homeless Assistance, CalFresh Expedited Services, Medi-Cal, or CalWORKs Immediate Need via the local telephone service on Friday, the date of application would be Friday and the application would have to be processed within established time frames.

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.112 (Continued)

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- (a) At the time these regulations were promulgated, social security enumeration, application for unconditionally available income (including UIB), work registration of the principal earner who is exempt from WTW due to remoteness, work registration of the nonfederal principal earner, and cooperation with the District Attorney in accordance with MPP 43-201.1 were the only technical conditions of eligibility. If any

new technical conditions of eligibility are established, this handbook section will be amended.

- (b) Example: A family applies for CalWORKs on April 3. The county schedules the face-to-face interview on April 10. At that time the county determines that on April 3 the applicant had \$2,200 in a bank account, but on April 6 the bank account was down to \$1,900. The beginning date of aid for this family is April 6, since it was on that date that the family met the eligibility requirement for CalWORKs.
- (c) Example: A family applies for CalWORKs on November 10. All family members meet the eligibility requirements except for the youngest child who does not have an SSN. On November 20, the CWD authorizes aid for everyone but the one child because verification of a completed application for an SSN had not been received. On December 10, the CWD received a copy of the MC 194 which indicated that an application for an SSN was completed on November 15 and is being processed. The county rescinds the denial for the child and authorizes aid effective November 10.

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.113 The beginning date of aid for each member of the AU may vary.

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- (a) Example: A family applies for CalWORKs on November 10. All family members meet the eligibility requirements except for the youngest child who does not have an SSN. On November 20, the CWD authorizes aid for everyone but the one child because verification of a completed application for an SSN had not been received. On December 20, the CWD receives a copy of the MC 194 which indicated that an application for an SSN was completed on December 15 and is being processed. The CWD authorizes aid for the youngest child effective December 15.

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.114 (Continued)

.2 Aid Begins on a Specified Date (Continued)

- .22 When the mother of a newborn is being aided as a pregnant woman in accordance with Sections 44-205.1 and 82-836 or is receiving a pregnancy special need payment in accordance with Section 44-211.6 in the month of birth, the newborn and the father of the newborn shall be added to the case as described in Sections 44-318.15 and .16. (Continued)

.6 Intraprogram Status Changes

.61 Transfer from Medically Needy to CalWORKs Recipient (Continued)

.62 Transfers Between CalWORKs and AFDC-FC

.621 The BDA for a child converting from AFDC-FC to CalWORKs shall be the date he/she is placed in his/her parent's or relative's home or the date eligibility conditions are met, whichever is later.

.622 When a child in a CalWORKs AU is moved to foster care, the effective date of AFDC-FC assistance is the date he/she is placed in an AFDC-FC eligible facility and is otherwise AFDC-FC eligible.

.623 When a child is transferring from AFDC-FC to CalWORKs, or vice versa, but remains in the home of the same related caretaker, the effective date of program transfer is the first of the month following the request for change of program. (See Section 45-202.212(a).)

.63 Transfers from AFDC-FC to Kin-GAP

.631 When a child is transferring from AFDC-FC to Kin-GAP, but remains in the home of the same caretaker relative, the BDA of Kin-GAP is the first of the month following the dismissal of the dependency (see Section 90-105.132). AFDC-FC shall be paid until the Kin-GAP payment begins.

.64 Transfers Between CalWORKs and Kin-GAP

.641 When a child is transferring from CalWORKs to Kin-GAP, or vice versa, but remains in the home of the same related caretaker, the effective date of the program transfer is the first of the month following the request for change of program or the dismissal of the dependency (see Section 90 105.132). (Continued)

Authority cited: Sections 10553, 10554, 10604, 11209, and 11369, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 10604, and 11056, Welfare and Institutions Code; 45 CFR 205.42(d)(2)(A), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808; 45 CFR 206.10; 45 CFR 233.10(a)(1); 45 CFR 233.20(a)(1)(ii); 45 CFR 233.60; 45 CFR 233.90(c)(2)(i); and Blanco v. Anderson Court Order, United States District Court, Eastern District of California, No. CIV-S-93-859 WBS, JFM, dated January 3, 1995.

Amend Section 44-318 to read:

44-318 BEGINNING DATE OF AID (BDA) FOR PERSONS
BEING ADDED TO THE AU

44-318

.1 Beginning Date of Aid

The BDA shall be:

.11 Mandatorily Included Persons

When mandatorily included persons added result in a cash aid:

.111 Increase

The first of the month after the change is reported and all conditions of eligibility have been met.

.112 Decrease

Section 44-318.112(QR) shall become inoperative and Section 44-318.112(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The first day of the QR Payment Quarter following the required reporting of the individual on the QR 7 provided all conditions of eligibility have been met.

(SAR)

The first day of the SAR Payment Period following the required reporting of the individual on the SAR 7 or SAWS 2 provided all conditions of eligibility have been met.

.12 Optional Persons

When optional persons added result in a cash aid:

.121 Increase

The first of the month after the change is reported and all conditions of eligibility have been met.

.122 Decrease

Section 44-318.122(QR) shall become inoperative and Section 44-318.122(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The first day of the QR Payment Quarter following the required reporting of the individual

		on the QR 7 provided all conditions of eligibility have been met.
(SAR)		The first day of the SAR Payment Period following the required reporting of the individual on the SAR 7 or SAWS 2 provided all conditions of eligibility have been met.
.13 Sanction/ Noncooperating Persons		Section 44-318.13(QR) et seq. shall become inoperative and Section 44-318.13(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR)		The first of the month following the date the person contacted the county to indicate his or her desire to end the sanction after all of the following conditions are met:
(QR)	(a)	All conditions of eligibility have been met (see Section 44-316.331 (c) (QR)); and
(QR)	(b)	The activities in accordance with Section 42-7721.43 have been successfully completed.
(SAR)		The first of the month following the date the person contacted the county to indicate his or her desire to end the sanction after all of the following conditions are met:
(SAR)	(a)	All conditions of eligibility have been met (see Section 44-316.331(c)(SAR)); and
(SAR)	(b)	The activities in accordance with Section 42-721.43 have been successfully completed.
.14 Unreported Mandatorily Included Persons		The date the person meets all requirements for eligibility when he/she is required to be included in the AU but aid was not requested.
.141		Eligibility conditions are considered to have been met from the first day of the month following the date the individual was discovered in the home, providing he/she is cooperating in meeting those conditions.

.15

Section 44-318.15(QR) et seq. shall become inoperative and Section 44-318.15(SAR) et seq. shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Newborn Child and MFG Child

(SAR) Newborn Child and MFG Child

(QR) .151 Newborn Child

When a newborn child is added results in a cash aid:

(QR) (a) Increase

The first of the month after the birth is reported and all conditions of eligibility have been met (see Section 44-211.6(QR)).

(QR) (b) Decrease

The first day of the next QR Payment Quarter after the change is reported on the QR 7 and after all conditions of eligibility have been met (see Section 44-211.6(QR)).

(SAR) .151 Newborn Child

When a newborn child is added results in a cash aid:

(SAR) (a) Increase

The first of the month after the birth is reported and all conditions of eligibility have been met (see Section 44-211.6(SAR)).

(SAR) (b) Decrease

The first day of the next SAR Payment Period after the change is reported on the SAR 7 or the SAWS 2 and after all conditions of eligibility have been met (see Section 44-211.6(SAR)).

(QR) .152 Newborn MFG Child

When an MFG newborn child is added results in no change or a decrease in cash aid.

(QR) (a) No PSN/No Change

The first of the month following the report of the birth provided that all conditions of eligibility have been met and provided that the mother is not receiving a pregnancy special need payment and the grant will not decrease as a result of adding the newborn.

(QR) (b) PSN/Decrease

The first day of the next QR Payment Quarter following the report of the birth and all

verification has been provided, when the mother has been receiving a pregnancy special need payment or the grant would otherwise decrease as a result of adding the newborn.

(SAR) .152 Newborn MFG Child

When an MFG newborn child is added results in no change or a decrease in cash aid.

(SAR) (a) No PSN/No Change

The first of the month following the report of the birth provided that all conditions of eligibility have been met and provided that the mother is not receiving a pregnancy special need payment and the grant will not decrease as a result of adding the newborn.

(SAR) (b) PSN/Decrease

The first day of the next SAR Payment Period following the report of the birth and all verification has been provided, when the mother has been receiving a pregnancy special need payment or the grant would otherwise decrease as a result of adding the newborn.

.16 Father of a Newborn

When a father of a newborn added, in accordance with Section 44-205.122, results in a cash aid:

.161 Increase

The first of the month after the report of the birth and all conditions of eligibility have been met.

.162 Decrease

Section 44-318.162(QR) shall become inoperative and Section 44-318.162(SAR) shall become operative in a county on date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The first day of the next QR Payment Quarter after the report of the birth and all conditions of eligibility have been met.

(SAR)

The first day of the next SAR Payment Period after the report of the birth and all conditions of eligibility have been met.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11056, 11265.1, 11265.2, 11265.3, and 11327.5(d), Welfare and Institutions Code; 45 CFR 233.10 and .20(a)(13); Federal Register, Vol. 57, No. 131; and SSA-AT-86-01; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 44-325 to read:

44-325 CHANGES IN AMOUNT OF PAYMENT

44-325

.1 When Change is Effective

Section 44-325.1(QR) shall become inoperative and Section 44-325.1(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) When any change in the recipient's circumstances requires a change in grant, or a discontinuance of aid, the appropriate change or discontinuance is to be made effective in accordance with Section 44-316(QR) as soon as notice can be given pursuant to Sections 22-071(QR) and 22-072(QR).

(SAR) When any change in the recipient's circumstances requires a change in grant, or a discontinuance of aid, the appropriate change or discontinuance is to be made effective in accordance with Section 44-316(SAR) as soon as notice can be given pursuant to Sections 22-071(SAR) and 22-072(SAR).

.2 Discontinuance

Section 44-325.2(QR) shall become inoperative and Section 44-325.2(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If a recipient's circumstances change to the extent that he no longer meets the eligibility requirements, aid shall be discontinued in accordance with Section 44-316.3(QR). (See Section 40-183.4 regarding appropriate action when the recipient is no longer eligible for cash grant but remains eligible for medical assistance as a medically needy person).

(SAR) If a recipient's circumstances change to the extent that he no longer meets the eligibility requirements, aid shall be discontinued in accordance with Section 44-316.3(SAR). (See Section 40-183.4 regarding appropriate action when the recipient is no longer eligible for cash grant but remains eligible for medical assistance as a medically needy person).

.3 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11006.2, 11265.1, 11265.2, and 11265.3, Welfare and Institutions Code.

Amend Section 44-327 to read:

44-327 DELAYED PAYMENT

44-327

When a public assistance payment is delayed because of changes in circumstances not related to continuing eligibility or to the correctness of grant, the county shall immediately take whatever action is necessary to determine the changed circumstances and issue the payment at the earliest possible date.

.1 Federal and State Participation

Federal and state participation in CalWORKs is available for the delayed payment only if it is released within whichever of the following occurs first: (Continued)

.2 Factors Causing Delay in Payment (Continued)

.25 Section 44-327.25(QR) shall become inoperative and Section 44-327.25 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The complete QR 7 (see Section 40-181.241(QR)) is received after the tenth day prior to the end of the submit month regardless of good cause - the first warrant shall be mailed or electronic fund transfer made in accordance with Section 44-305.231(QR).

(SAR) The complete SAR 7 (see Section 40-181.241(SAR)) is received after the tenth day prior to the end of the submit month or the SAWS 2 is received after the 15th day of the submit month, regardless of good cause - the first warrant shall be mailed or electronic fund transfer made in accordance with Section 44-305.231(SAR).

.26 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11006.2, and 11265.1, Welfare and Institutions Code.

Amend Section 44-340 to read:

44-340 UNDERPAYMENTS

44-340

.1 General (Continued)

.13 The county shall take all reasonable steps necessary to correct promptly any underpayment that comes to the county's attention. (Continued)

.133 Section 44-340.133(QR) shall become inoperative and Section 44-340.133 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) If information reported on the QR 7 results in an increase of cash aid, and the county cannot increase the grant by the first day of the month of the next QR Payment Quarter, a supplement shall be issued for that month, and cash aid increased for the remaining months of that quarter provided that the recipient reported the information timely.

(SAR) If information reported on the SAR 7 or SAWS 2 results in an increase in cash aid, and the county cannot increase the grant by the first day of the month of the next SAR Payment Period, a supplement shall be issued for that month, and cash aid increased for the remaining months of that SAR Payment Period. A supplement will be provided for the month the decrease in income is reported or the month the change actually occurs, whichever is later, after all verification has been provided (see Section 44-316.31(SAR)).

.14 Section 44-340.14(QR) shall become inoperative and Section 44-340.14(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) A mid-quarter supplemental payment resulting from a voluntary mid-quarter report which was correctly computed based on a recalculation of reasonably anticipated income and/or other changed AU circumstances shall not be considered an underpayment and is not subject to an overpayment offset.

(SAR) A mid-period supplemental payment resulting from a voluntary mid-period report which was correctly computed based on a recalculation of reasonably anticipated income and/or other changed AU circumstances shall not be considered an underpayment and is not subject to an overpayment offset.

.2 Investigation of Underpayments (Continued)

.3 Calculating the Underpayments

The calculation of the underpayment is as follows: (Continued)

.32 An underpayment occurs when the AU receives less cash aid than the AU was entitled to receive and would be based on regulations in effect at the time the underpayment occurred.

.321 The county shall not reconcile actual verified income against prospectively budgeted income that was used in the grant calculation as income that was reasonably anticipated at the time benefits were calculated.

.33 Section 44-340.33(QR) shall become inoperative and Section 44-340.33(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) No underpayment shall be established when a change in circumstances occurs or actual income received is less than what was reasonably anticipated during the QR Payment Quarter and the recipient did not voluntarily report the change in circumstances or the decrease of income during the QR Payment Quarter in accordance with Section 44-316.31(QR).

(SAR) No underpayment shall be established when a change in circumstances occurs or actual income received is less than what was reasonably anticipated for the SAR Payment Period and the recipient did not voluntarily report the change in circumstances or the decrease of income during the SAR Payment Period in accordance with Section 44-316.31(SAR).

.4 Correction of the Underpayment (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11004.1, 11265.1, 11265.2, 11265.3, and 11450.5, Welfare and Institutions Code.

Amend Section 44-350 to read:

44-350 OVERPAYMENTS -- GENERAL

44-350

.1 General (Continued)

.17 A supplemental payment which was correctly computed, based on the county's determination of reasonably anticipated income, shall not be subject to an overpayment determination provided that the recipient's report, upon which the county based its determination, was complete and accurate. If there is a computational error, the supplemental payment shall be corrected.

.18 Section 44-350.18(QR) shall become inoperative and Section 44-350.18(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) An overpayment shall not be assessed based on any differences between the amount of income the county reasonably anticipated the recipient would receive during the QR Payment Quarter and the income the recipient actually received during that period, provided the recipient's reports were complete and accurate.

(SAR) An overpayment shall not be assessed based on any differences between the amount of income the county reasonably anticipated the recipient would receive during the SAR Payment Period and the income the recipient actually received during that period, provided the recipient's reports were complete and accurate.

.2 Definitions (in Alphabetical Order) (Continued)

.5 Overpayments Due to the Inability to Provide Ten-Day Notice of Adverse Action

Section 44-350.5(QR) shall become inoperative and Section 44-350.5(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) An overpayment shall be assessed when the AU receives more cash aid than the AU was entitled to receive because the county was unable to provide ten-day notice of an adverse action following receipt of a mandatory recipient report, including the QR 7.

(SAR) An overpayment shall be assessed when the AU receives more cash aid than the AU was entitled to receive because the county was unable to provide ten-day notice of an adverse action following receipt of a mandatory recipient report, including reports on the SAR 7, the SAWS 2, or mandatory mid-period reports of income over the IRT.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11004 (Ch. 270, Stats. 1997), 11004.1, 11056, and 11265.1, Welfare and Institutions Code; Section 37 of AB 444 (Ch. 1022, Stats. 2002); 45 CFR 233.20(a)(13); and Administration for Children and Families (ACF) Action Transmittals (AT) 94-11 and 94-20; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 44-352 to read:

44-352 OVERPAYMENT RECOUPMENT

44-352

.1 Calculation of the Overpayment (Continued)

.11 Overpayment due to "excess property"

.111 Section 44-352.111(QR) shall become inoperative and Section 44-352.111. (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Unless the excess property was spent down prior to the first day of the next QR Payment Quarter, which followed the QR 7 on which the excess property should have been reported, the county shall determine an excess property overpayment based on an accurate report and/or correct county action when:

(QR) (a) Property information that should have been reported on the QR 7 was not reported; or

(QR) (b) The county failed to act correctly on property information reported on the QR 7. Also see Section 40-125.951.

(SAR) Unless the excess property was spent down prior to the first day of the next SAR Payment Period, which followed the SAR 7 or SAWS 2 on which the excess property should have been reported, the county shall determine an excess property overpayment based on an accurate report and/or correct county action when:

(SAR) (a) Property information that should have been reported on the SAR 7 or SAWS 2 was not reported; or

(SAR) (b) The county failed to act correctly on property information reported on the SAR 7 or SAWS 2. Also see Section 40-125.951.

.112 When a recipient has held property in excess of eligibility limits, the overpayment shall be calculated as follows:

(a) Determine the period of time in which the recipient held property exceeding the property maximums. (Continued)

(2) Section 44-352.112(a)(2)(QR) shall become inoperative and 44-352.112(a)(2)(SAR) shall become operative in a county on the date that SAR becomes effective in that county pursuant to the County's SAR Declaration.

- (QR) The first month that can be determined for this period of excess property is the first month of the QR Payment Quarter following the QR 7 in which the excess property was required to be reported.
- (SAR) The first month that can be determined for this period of excess property is the first month of the SAR Payment Period following the SAR 7 or SAWS 2 in which the excess property was required to be reported.
- (b) (Continued)
- (e) If the county determines that the recipient received aid in "good faith", in accordance with .112(d) above, the amount of the overpayment is the lesser of the amount of excess property calculated in .112(b) above or the total grant paid as calculated in .112(c) above.

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- (1) Recipient owned several stocks which fluctuated in value. At the time of her eligibility determination in January the combined value of her property, including stocks, was computed to be \$1,850. She was granted aid of \$100 per month. At her redetermination the following January, her property was investigated in detail. It was found that twice during the prior year her total property value had exceeded the property limit, both times due to fluctuations in stock value. However, neither occurrence had taken place in a Data Month, so the recipient was not mandated to report this fluctuation in income. There is no overpayment in this situation.
- (2) Handbook Section 44-352.112(e)(2)(SAR) shall become operative in a county on the date that SAR becomes effective in that county pursuant to the County's SAR Declaration.
- (SAR) Recipient is in an August through January SAR Payment Period and receives a \$400 monthly grant. She owns several stocks which fluctuate in value, but have always been reported as worth less than \$2,000. At the time of her annual redetermination in January, her property is investigated in detail. It is discovered that beginning in April of the previous year, her stocks increased in worth to \$2,500. On her June SAR 7, submitted timely on July 8, she should have reported the increased value of the stocks and the county would have taken action to discontinue the recipient effective July 31, the end of that SAR Payment Period, for being over the property limit. The stocks dropped down in value to \$1,800 in October. The ineligible months are August through October. The county

determines that the recipient did not know that she was over the property limits and that she received aid in "good faith."

The total grant paid for the ineligible months is \$1,200. The amount by which the excess property exceeded the property limit in the month the property value was the highest was \$500. The overpayment to be recouped is the lesser amount, in this case, \$500.

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(f) (Continued)

.12 Overpayment due to income or need or circumstances other than excess property.

An overpayment shall be assessed when an AU receives more cash aid than entitled to as a result of not reporting income or circumstances timely, or the county does not act correctly on a recipient report, or the county did not act timely. The county shall redetermine the cash aid the recipient should have received based on the required report and correct county action.

.121 (Continued)

(a) (Continued)

- (1) If a recipient fails to report income timely or the county fails to act correctly or timely on a recipient report, the county shall redetermine the cash aid the recipient should have received based on an accurate report and correct county action. If the recalculation results in an overpayment, the date that the overpayment begins is the first date that the change would have been made if timely and correct action had been taken based on the complete, timely and accurate recipient report.
- (2) When recomputing cash aid results in an overpayment, the county shall recreate case circumstances using the correct county processing time frames based on what the recipient should have reported.

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Handbook Section 44-352.121(a)(2)(QR) shall become inoperative and Handbook Section 44-352.121(a)(2)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to County's SAR Declaration.

(QR) In the quarter designated as October/November/December 2004, the county determines through an IEVS match that an AU had income that exceeded the IRT early January 2005 (January 5). (The quarter in which the income was received was January/February/March). The AU is still receiving the same level of income in the current July/August/September 2005 quarter and has never reported the income in a mid-quarter report or on any of the QR 7s that have been submitted. The county determines that the AU should have reported this change by January 15, and should have been discontinued due to financial ineligibility effective January 31. The AU should be discontinued with a 10-day notice and an overpayment would be established beginning February 1 through the month of discontinuance.

(SAR) In the SAR Payment Period designated as July through December, an AU has no income and is receiving the Maximum Aid Payment amount. On October 10, the county determines through an IEVS match that the AU got income that exceeded the IRT beginning on January 5 of the previous SAR Payment Period. The AU is still receiving the same level of income in the current SAR Payment Period and has never reported the income on a mid-period report or on the SAR 7 that was submitted in June. The county determines that the AU should have reported this change by January 15, and should have had their grant decreased due to the increased income effective January 31. The AU's grant shall be decreased on November 1, with a 10-day notice, and an overpayment would be established for February through October.

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(b) (Continued)

.125 The total overpayment is the sum of all amounts calculated in Section 44-352.124.

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EXAMPLES

<u>Factors</u>		<u>Computations</u>	
	<u>Aid Paid</u>	(.121) Correct <u>Grant</u>	(.125) <u>Overpayment</u>
1.			
Earned Income		\$1,025	
Reported Income		1,025	
Income Disregard		<u>- 112</u>	
Subtotal		913	
50% Earned Income Disregard		<u>- 457</u>	
Total Net Nonexempt Income		456	
MAP for Five	\$860	\$ 860	
Total Net Nonexempt Income		<u>- 456</u>	
Aid Payment	\$860	\$ 336	
Potential Overpayment (Aid Paid Less Correct Grant)			\$ 860 <u>- 336</u> \$ 524
2.			
Earned Income		\$ 500	
Reported Income		\$ 500	
Income Disregard		<u>- 112</u>	
Subtotal		388	
50% Earned Income Disregard		<u>- 194</u>	
Total Net Nonexempt Income		194	
MAP for Three	\$638	\$ 638	
Total Net Nonexempt Income		<u>- 194</u>	
Aid Payment	\$638	444	
Overpayment (Aid Paid Less Correct Grant)			\$ 638 <u>- 444</u> \$ 194

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- .2 Amount That Can Be Recovered (Continued)
- .4 Methods of Recovery (Continued)
 - .41 Grant Adjustments

Section 44-352.41(QR) shall become inoperative and Section 44-352.41(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) Under QR/PB, recoupment by grant adjustment shall only be initiated at the beginning of a QR Payment Quarter. Grant adjustment shall be discontinued mid-quarter when the debt is paid in full. A new overpayment collection may continue mid-quarter by grant adjustment if the new collection of the overpayment does not decrease aid mid-quarter.
- (SAR) Under SAR, recoupment by grant adjustment shall only be initiated at the beginning of a SAR Payment Period. Grant adjustment shall be discontinued mid-period when the debt is paid in full. A new overpayment collection may continue mid-period by grant adjustment if the new collection of the overpayment does not decrease aid mid-period.

.42 (Continued)

Authority cited: Sections 10553, 10554, and 11004(h), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11004, 11004.1, 11008 (Ch. 270, Stats. 1997), 11017, 11155, 11155.1, 11155.2, 11257, 11265.1, 11265.2, 11450, 11450.5, 11451.5, 11452, 11453, and 11453.2, Welfare and Institutions Code; Darces v. Woods (1984) 35 Cal.3rd 871:201 Cal.Rptr. 807, and Ortega v. Anderson, Case No. 746632-0 (Alameda Superior Court) July 11, 1995.

Repeal Section 44-400 to read:

44-400 REDUCED INCOME SUPPLEMENTAL PAYMENTS 44-400

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 37 of AB 444 (Chapter 1022, Statutes of 2002).

Repeal Section 44-401 to read:

44-401 ELIGIBILITY FOR A REDUCED INCOME SUPPLEMENTAL PAYMENT 44-401

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Section 37 of AB 444 (Chapter 1022, Statutes of 2002).

Repeal Section 44-402 to read:

44-402 COMPUTATION OF A REDUCED INCOME 44-402
 SUPPLEMENTAL PAYMENT

Authority cited: Sections 10553, 10554, 11450, and 11453, Welfare and Institutions Code.

Reference: Sections 11008, 11017, 11255, 11450, 11450.015, 11450.12, 11450.2, and 11451.5, (Ch. 270, Stats. 1997), Welfare and Institutions Code; Section 37 of AB 444 (Chapter 1022, Statutes of 2002); 45 CFR 237.27; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996.

Repeal Section 44-403 to read:

44-403 CWD RESPONSIBILITIES 44-403

Amend Section 47-220 to read:

47-220 ELIGIBLE CLIENTS (Continued)

47-220

.3 Other Stage One Clients Stage One child care shall also be paid for the following individuals:

.31 Reserved

.32 Clients During Penalty/Sanction (Continued)
Months

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 U.S.C. 601 et seq., 42 U.S.C. 607(c)(1)(B)(ii); 42 U.S.C. 609(a)(3); 42 U.S.C. 9858i(a)(2)(A); 42 U.S.C. 9801 Note (b)(4); Sections 8263, 8350.5, 8351(c), 8353, 8354 and 8357, Education Code; Sections 10540, 10544, 11265.2, 11266.5, 11320.3, 11322.8, 11323.2 and 11323.8, Welfare and Institutions Code.

Amend Section 47-320 to read:

47-320 INFORMATION COLLECTION (Continued)

47-320

.2 Client Responsibility

The following information shall be provided by the client: (Continued)

.27 Change in Family Size and Composition

Information about changes in family size and composition when an absent parent of a child receiving child care moves into the home or another child moves into the home, including newborns; or

.28 Change in Family Income

Information about changes in income that result in the family income reaching or exceeding the family fee thresholds provided in the Family Fee Schedule established by the Superintendent of Public Instruction pursuant to Education Code Section 8263. (See Handbook Section 47-401.8). Information about changes in income that reduce or eliminate the family fee shall also be reported.

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: 42 U.S.C. 9858i(a)(2)(A) and (a)(2)(E); 45 CFR 98.20(a)(1)(ii); 45 CFR 98.71(a) and (b); Sections 8208.1, 8263, 8352 and 8357, Education Code; Sections 11054 and 11323.2, Welfare and Institutions Code.

Amend Section 48-001 to read:

48-001 COUNTY DEPARTMENT RESPONSIBILITY FOR RECORDS

48-001

- .1 The county shall maintain a record for each applicant and recipient which identifies each individual and family, their address and household composition for CalWORKs. The record shall identify each child and his/her parents, their address and household composition. (See Section 20-005 on record requirements for fraud cases.) The record shall also include:

.11 Records - Eligibility and Grant

- .111 The appropriate Form SAWS 2 completed by or on behalf of the applicant.
(Continued)

- .114 Section 48-001.114(QR) shall become inoperative and Section 48-001.114 (SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The basis for county action granting, denying, changing, not changing following a recipient mid-quarter report, delaying, cancelling, or discontinuing aid.

(SAR) The basis for county action granting, denying, changing, not changing following a recipient mid-period report, delaying, cancelling, or discontinuing aid.

.115 (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.3, Welfare and Institutions Code.

Amend Section 80-301 to read:

80-301 DEFINITIONS

80-301

The following definitions apply to the regulations in Divisions 40 through 50 and 80 through 90.

(a) (1) Aid Payment

"Aid Payment" means any payment made to an AU.

(2) Aid to Families with
Dependent Children

"AFDC" means the financial aid program for needy children and their parents or caretaker relatives when the children lack parental support and care. This term refers to the program in general, regardless of source of funding. As of 1996, cash aid/welfare operates under Temporary Assistance to Needy Families (TANF), rather than AFDC. TANF in California is called California Work Opportunity and Responsibility to Kids (CalWORKs), and became effective on January 1, 1998.

(3) Aid to Families with
Dependent Children -
Foster Care (AFDC-FC)

"AFDC-FC" means the part of the AFDC program which provides aid to children in Foster Care. (Note: Even though AFDC is no longer the operating cash aid/welfare system, Foster Care still operates as part of the AFDC program.)

(4) Alternatively
Sentenced Parent (ASP)

(Continued)

(5) Applicant

(Continued)

(6) Applicant Child

(Continued)

(7) Assistance Unit (AU)

"AU" means a group of related persons living in the same home who have been determined eligible for CalWORKs and for whom cash aid has been authorized.

(b) (Continued)

- (c) (4) Collect "Collect" means to regain TANF funds which are overpaid to a person by using collection methods other than grant adjustments. (Continued)
- (6) Section 80-301(c)(6)(QR) shall become inoperative and Section 80-301(c)(6)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) County Initiated Actions "County Initiated Actions" means Mid-quarter actions that the county is required to take pursuant to Section 44-316.33(QR).
- (SAR) County-Initiated Actions "County-Initiated Actions" means mid-period actions that the county is required to take pursuant to Section 44-316.33(SAR).
- (d) (Continued)
- (g) (1) GAIN "GAIN" means the Greater Avenues for Independence program which is a comprehensive statewide employment program for AFDC applicants and recipients. (GAIN was replaced by the Welfare to Work (WTW) program at the same time that AFDC was replaced with TANF in 1996.) (Continued)
- (3) Grant Adjust "Grant Adjust" means to regain TANF funds which were overpaid to an AU by reducing the aid payment.
- (h) (Continued)

HANDBOOK BEGINS HERE

- (i) (1) Immediate Need Payment "Immediate Need Payment" means an aid payment made in advance of a completed determination of eligibility for CalWORKs when specific criteria are met.
- (2) (Continued)

HANDBOOK ENDS HERE

- (j) (Continued)

- (m) (2) Section 80-301(m)(2)(QR) shall become inoperative and Section 80-301(m)(2)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) Mandatory Recipient Reports "Mandatory Recipient Reports" means mid-quarter reports that recipients are required to make within ten days of occurrence to the county pursuant to Section 44-316.32(QR).
- (SAR) Mandatory Mid-Period Reports "Mandatory Mid-Period Reports" means mid-period reports that recipients are required to make within ten days of occurrence to the county pursuant to Section 44-316.32(SAR).
- (3) (Continued)
- (4) Section 80-301(m)(4)(QR) shall become inoperative and Section 80-301(m)(4)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
- (QR) Mid-Quarter Reports "Mid-Quarter Reports" means any change reported during the QR Payment Quarter outside of the QR 7 report process.
- (SAR) Mid-Period Reports "Mid-Period Reports" means any change reported during the SAR Payment Period outside of the SAR 7 or SAWS 2 reporting process.
- (5) (Continued)
- (r) (1) Recipient "Recipient" means a person who is receiving CalWORKs.
- (A) (Continued)
2. the county signs authorization documents to approve the application for CalWORKs.

HANDBOOK BEGINS HERE

(B)

An applicant who has been approved for an immediate need and/or homeless assistance payment based on his/her apparent eligibility is not considered to be a recipient, as specified in Section 40-129. In these cases, the county has not signed authorization documents to approve the CalWORKs application.

HANDBOOK ENDS HERE

(2) (Continued)

(s) (3)

Section 80-301(s)(3)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Semi-Annual Report

Under the SAR reporting system, a semi-annual eligibility report is due every six months: one SAR 7 and one SAWS 2 per year. A SAR 7 is due in the sixth (6th) month of the SAR Payment Period after the application or annual redetermination of eligibility (SAWS 2) is completed.

(4)

Section 80-301(s)(4)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) Semi-Annual Reporting (SAR)

SAR is the reporting system that will replace Quarterly Reporting in counties in between April and October of 2013. Under SAR, in addition to certain mandatory mid-period reports, recipients will only have to submit an eligibility report every six months (one SAWS 2 and one SAR 7 per year).

(5) Senior Parent

(Continued)

(6) Sibling

(Continued)

(7) Sponsored Non-eCitizen

(Continued)

(8) California Department of Social Services (CDSS)	"CDSS" means the state department which supervises the counties in the administration of the CalWORKs program. Also referred to as DSS or the Department.
(9) Statement of Facts	"Statement of Facts" means the CW 8 (Rev. 3/13), CW 8A (Rev.4/13), SAR 22 (Rev. 3/13), SAR 23 (Rev. 3/13), CW 42 (Rev. 11/06) or the SAWS 2 (Rev. 4/13) are the state required forms used to collect the information necessary to determine a family's eligibility. See Section 80-310 for title and definition of forms.
(10) Statewide Fingerprint Imaging System (SFIS)	(Continued)
(11) Stepparent	(Continued)
(12) Strike	(Continued)
(13) Striker	(Continued)
(14) Supplemental Security Income/State Supplementary Program	(Continued)
(v) (1)	Section 80-301(v)(1)(QR) shall become inoperative and Section 80-301(v)(1)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR) Voluntary Recipient Reports	"Voluntary Recipient Reports" means mid-quarter reports that recipients may make to the county pursuant to Section 44-316.31(QR).
(SAR) Voluntary Recipient Reports	"Voluntary Recipient Reports" means mid-period reports that recipients may make to the county pursuant to Section 44-316.31(SAR).
(w) (Continued)	

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: Sections 10054, 10058, 10063, 10553, 10554, 10604, 10830, 11008.13, 11008.14, 11023.5, 11051, 11054, 11201, 11203, 11250, 11250.4, 11265.2, 11265.3, 11266, 11269, 11320, 11400, 11450, 11486, 16501.1, and 16507, Welfare and Institutions Code; Sections 297, 297.5, 298.5, and 299.2, Family Code; 8 CFR 213a. and 299; 45 CFR 201.3, 206.10, 224.51, 232.12, 233.10, 233.106, 233.20, 233.51, 233.60, 233.90, 237.50, 255, and 266.10; 42 USC 402(a)(6) and 606(a); and SSA-AT-86-01; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 80-310 to read:

Post-Hearing: Amend Sections 80-310 to read:

80-310 DEFINITIONS – FORMS

80-310

The following forms apply to the regulations in Divisions 40 through 50 and 80 through 89.
(Continued)

(c) (1) CCP 1

(Continued)

(2) CCP 4

(Continued)

(3) CCP 6

(Continued)

(4) CW 2.1 NA

The "Notice and Agreement for Child, / Spousal and Medical Support Notice and Agreement" (Rev. 8/04) is used to inform the applicant of his/her responsibility to participate in the support enforcement process and of his/her right to claim exemption from participation. This form replaces the CA 2.1 NA.

(5) CW 2.1 (Q)

The "Support Questionnaire" (Rev. 7/01) is used to collect information about the absent parent. This form replaces the CA 2.1 Q.

(6) CW 8

The "Statement of Facts for an Additional Persons" (Rev. 3/13) is used to collect the information necessary to determine eligibility when adding a person to an existing CalWORKs case. This form replaces the CA 8.

(7) CW 8A

The "Statement of Facts to Add a Child Under Age 16 Years" (Rev. 4/13) is used to collect the information necessary to determine eligibility when adding a child under 16 to an existing CalWORKs case. This form replaces the CA 8A.

(8) CW 13

The "Caretaker Relative Agreement" (Rev. 9/02) is used to designate the caretaker relative as agreed by two persons who live in separate homes when both could qualify as the caretaker relative of a child. This form replaces the CA 13.

(QR) (9) CW 23

Section 80-310(c)(9)(QR) shall become inoperative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Senior Parent(s)/~~Legal~~—Guardian(s) Statement of Facts" (Rev. 3/00) is used to collect information about the senior parent/legal guardian's income to determine a minor parent's eligibility. This form replaces the CA 23. Once SAR is implemented, the CW 23 will be replaced with the SAR 23.

(SAR) (10) CW 25A

Section 80-310(c)(10)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Payee Agreement For Minor Parent" (Rev. 2/13) is used in minor parent cases to delegate an adult payee. This form will replace the QR 25A once SAR is implemented in each county.

(SAR) (11) CW 29

Section 80-310(c)(11)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Applicant Test" (Rev. 1/13) is used to determine if the applicant is eligible for Cash Aid. This form will replace the QR 29 once SAR is implemented in each county.

(SAR) (12) CW 30

Section 80-310(c)(12)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "CalWORKs Budget Worksheet" (Rev. 4/13) is used to determine the aid payment amount for the AU. This form replaces the QR 30.

(13) CW 42

The "Statement of Facts ~~for~~ — Homeless Assistance (Rev. 11/06)" is used to gather information to determine eligibility for non-

recurring special need for homeless assistance. This form replaces the CA 42.

(14) CW 371

The "Referral to Local Child Support Agency (LCSA)" (Rev. 7/01) is used to refer cases to the Local Child Support Agency for child support enforcement purposes. This form replaces the CA 371.

(SAR) (15) CW 2103

Section 80-310(c)(14)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

The "Reminder for Teens Turning 18 Years Old" (Rev. 2/13) is used to inform recipient children who will be turning 18 within 60 days of the requirements for continued eligibility. This form will replace the QR 2103 once SAR is implemented in each county.

(d) (Continued)

(j) (Reserved)

(k) through (p) (Reserved)

(q)

Sections 80-310(q)(1)(QR) through (11)(QR) shall become inoperative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) (1) QR 2

The "Reporting Changes for ~~Your~~ Cash Aid ~~Assistance Unit~~ and Food Stamps ~~Households~~" (Rev. 4/03 6/04) may be used to inform the recipient of their Income Reporting Threshold (IRT) and reporting responsibilities.

(QR) (2) QR 3

The "Mid-Quarter Status Report" (Rev. 4/03 7/06) may be used by recipients to report mandatory and/or voluntary mid-quarter changes in writing. Clients are not mandated to use this form and counties shall also accept mid-quarter reports that are submitted in a manner other than on the QR 3.

(QR) (3) QR 7

The "~~Quarterly~~ Eligibility/Status Report" (Rev. 4/03 12/08) is used to collect information to determine eligibility and benefits for cash aid and food stamps. The QR 7 comes with an addendum that lists examples of income and expenses and the penalties for fraud.

(QR) (4) QR 7A

The "How to Fill Out Your QR 7 Quarterly Eligibility/Status Report" (Rev. 4/03 8/09) instructs recipients on how to fill out the Quarterly Report (QR 7). The QR 7A shall be given to applicants at the time of application and to recipients at each annual redetermination. The form shall also be made available anytime the client requests it.

(QR) (5) QR 22

The "Sponsor's Statement of Facts Income and Resources (Supplemental Application For Food Stamps And Cash Aid)" (Rev. 7/04 12/06) is used to collect necessary information about a non-citizen's sponsor for determining eligibility for the non-citizen.

(QR) (6) QR 25A

The "Payee Agreement For Minor Parent" (Rev. 5/04) is used in minor parent cases to delegate an adult payee.

(QR) (7) QR 29

The "Applicant Test" (Rev. 5/04) is used to determine if the applicant is eligible for Cash Aid:

(QR) (8) QR 30

The "CalWORKs Budget Worksheet" (Rev. 6/04 9/11) is used to determine the aid payment amount for the AU.

(QR) (9) QR 72

The "Sponsor's Quarterly Income and Resources Report" (Rev. 5/04 12/06) is used to gather necessary information each quarter from a non-citizen's sponsor that is used to determine continuing eligibility and grant level for the non-citizen.

(QR) (10) QR 73

The "Senior Parent Quarterly Income Report" (Rev. 6/04) is used to collect necessary information from the senior parent to determine

continuing eligibility and grant levels for the minor parent.

(QR) (11) QR 2103

The "Reminder for Teens Turning 18 Years Old" (Rev. ~~10/03~~ 11/11) is used to inform recipient children who will be turning 18 within 60 days of the requirements for continued eligibility.

(r) (Reserved)

(s)

Sections 80-310(s)(1)(SAR) through (s)(10)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR) (1) SAR 2

The "Reporting Changes for ~~Your~~ Cash Aid Assistance Unit and CalFresh Households" (Rev. ~~10/12~~ 11/13) may be used to inform the recipient of their Income Reporting Threshold (IRT) and reporting responsibilities. This form replaces the QR 2.

(SAR) (2) SAR 3

The "Mid-Period Status Report" (Rev. 4/13) may be used by recipients to report mandatory and/or voluntary mid-period changes in writing. Clients are not mandated to use this form and counties shall also accept mid-period reports that are submitted in a manner other than on the SAR 3. This form replaces the QR 3.

(SAR) (3) SAR 7

The "SAR 7 ~~Semi-Annual~~ Eligibility / Status Report" (Rev. ~~1/13~~ 8/13) is used to collect information to determine eligibility and benefits for cash aid and CalFresh in the six month period in which the SAWS 2 is not due. The SAR 7 comes with an addendum that lists examples of income and expenses and the penalties for fraud. This form replaces the QR 7.

(SAR) (4) SAR 7A

The "How to Fill Out Your SAR 7 ~~Semi-Annual~~ Eligibility / Status Report" (Rev. ~~10/12~~ 9/13) instructs recipients on how to fill out the ~~Semi-Annual Report~~ (SAR 7 Eligibility Status Report). The SAR 7A shall be given to applicants at the time of application and mailed to recipients along with their SAR 7 report. The form shall

also be made available anytime the client requests it. This form replaces the QR 7A.

(SAR) (5) SAR 7 Addendum

The "Instructions and Penalties ~~for the SAR 7~~ Eligibility / Status Report" (Rev. 4/13) is used to help recipients fill out the SAR 7 by giving them examples of types of income, property, housing costs and expenses. This form also informs recipients of the penalties for cash aid and CalFresh fraud. This form replaces the QR 7 Addendum.

(SAR) (6) SAR 22

The "Sponsor's Statement of Facts Income and Resources (Supplemental to the SAWS 2, Application For CalFresh And Cash Aid)" (Rev. 4 3/13) is used to collect necessary information about a non-citizen's sponsor for determining eligibility for the non-citizen. The SAR 22 must be completed in addition to the SAWS 2 when a recipient is a sponsored non-citizen. This form replaces the QR 22.

(SAR) (7) SAR 23

The "Senior Parent(s)/~~Legal — Guardian(s)~~ Statement of Facts" (Rev. 4 3/13) is used to collect information about the senior parent/legal guardian's income to determine a minor parent's eligibility. This form replaces the CW 23.

(SAR) (8) SAR 72

The "Sponsor's Semi-Annual Income and Resources Report" (Rev. 4 3/13) is used to gather necessary information during the semi-annual period in which a SAWS 2 is not due from a non-citizen's sponsor that is used to determine continuing eligibility and grant level for the non-citizen.

(SAR) (9) SAR 73

The "Senior Parent Semi-Annual Income Report" (Rev. 3/13) is used to collect necessary information during the semi-annual period in which a SAWS 2 is not due from the senior parent to determine continuing eligibility and grant levels for the minor parent.

(10) SAWS 1

The "Initial Application for CalFresh, Cash Aid, Food Stamps and/or Medi-Cal/State CMSP Health Care Programs" (Rev. 12/06 8/13) is used

to request public assistance, including CalWORKs, and CalFresh (previously Food Stamps), and ~~Medical Assistance~~ along with Medi-Cal and other health coverage.

(11) SAWS 2	The "Statement of Facts for Cash Aid, CalFresh and Medi-Cal/34-County Medical Services Program (CMSP)" (Rev. 4/13) is used as a multipurpose form to gather information necessary to determine eligibility for CalWORKs, CalFresh, and Medi-Cal. The SAWS 2 is also used at one-year intervals to redetermine eligibility and determine benefit amounts for the upcoming payment period.
(12)	Section 80-310(s)(11)(QR) shall become inoperative and Section 80-310(s)(11)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.
(QR) SAWS 2A-QR	The "Rights, Responsibilities and Other Important Information" (Rev. 8/03 <u>9/11</u>) is used to inform applicants and recipients of their rights and responsibilities.
(SAR) SAWS 2A SAR	The "Rights, Responsibilities and Other Important Information" (Rev. 4/13) is used to inform applicants and recipients of their rights and responsibilities.
(13) SCC 6	(Continued)
(14) SOC 158A	(Continued)
(15) SOC 809	(Continued)
(t) (1) TEMP 2189	(Continued)
(5)	Section 80-310(t)(5)(QR) shall become inoperative and Section 80-310(t)(5)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) TEMP QR 1

The "New Reporting Requirements for CalWORKs and Food Stamp Recipients" (Rev. 8/03) is a mass informing notice sent to recipients on a monthly basis for a period of three months before and three months after implementation of QR/PB. The informing notice shall be given to applicants who apply during the reporting transition. This notice explains the change from monthly reporting to quarterly reporting.

(SAR) TEMP SAR 1

The "New Reporting Requirements for CalWORKs Cash Aid and CalFresh Recipients" (Rev. 10/12 9/13) is a mass informing notice sent to recipients prior to the implementation of SAR. The informing notice shall be given to applicants who apply during the reporting transition. This notice explains the change from quarterly reporting to semi-annual reporting.

(6) TLR 1

(Continued)

(u) through (z) (Reserved)

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 206.10(a)(8); Sections 10553, 10950, 11054, 11265.1, 11265.2, 11265.3, 11450(b), 12300, 12300.2, 12304, 12304.5, and 14132.95, Welfare and Institutions Code; Judgment Re: Tyler v. Anderson, Sacramento Superior Court Case No. 376230, dated January 22, 1999; 8 USC Section 1631; and 1798.17, Civil Code.

Amend Section 82-612 to read:

82-612 UNEMPLOYMENT INSURANCE BENEFITS (UIB) (Continued) 82-612

.3 Date of Discontinuance Section 82-612.3(QR) shall become inoperative and Section 82-612.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) The county shall discontinue the AU at the end of the QR Payment Quarter in which a person who is required to apply for or accept UIB fails to do so, or fails to meet one of the eligibility conditions in Section 82-612.7.

(SAR) The county shall discontinue the AU at the end of the SAR Payment Period in which a person who is required to apply for or accept UIB fails to do so, or fails to meet one of the eligibility conditions in Section 82-612.7.

.4 Reestablish UIB Eligibility (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11265.2 and 11270, Welfare and Institutions Code and 45 CFR 233.20(a)(3)(ix).

Amend Section 82-812 to read:

82-812 TEMPORARY ABSENCE (Continued)

82-812

.6 Exceptions to One Full Calendar
Month Time Limitation

Exceptions include: (Continued)

.68

Children Receiving Out-of-Home Care
(Continued)

.687

The following are eligibility and reporting requirements that will apply to the family reunification parent.

(a)

Section 82-812.687(a)(QR) shall become inoperative and Section 82-812.687(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

Quarterly eligibility reporting requirements for reunification cases are set forth in Section 40-181.223(QR).

(SAR)

Semi-Annual eligibility reporting requirements for reunification cases are set forth in Section 40-181.223(SAR).

(b)

(Continued)

(e)

Pursuant to Section 42-711.512 and Section 42-721.13, reunification parents who are in a WTW Sanction, are not precluded from receiving CalWORKs reunification services. (Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code.

Reference: Sections 11203, 11269, 11323.4, 11327.5(d), and 11454, Welfare and Institutions Code; and 42 USC 608(a)(10).

Amend Section 82-820 to read:

82-820 INCLUDED PERSONS

82-820

.1 Assistance Unit

An AU shall be established when all eligibility factors have been met and aid has been authorized.

.2 Minimum Requirements

An AU shall have at least one of the following:
(Continued)

.24 Relative of WTW
Sanctioned Child

A relative of a child who is sanctioned by WTW.

.3 Mandatory Inclusion

Section 82-820.3(QR) shall become inoperative and Section 82-820.3(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

The AU shall include the following persons when living in the same home and eligible at the time of initial family application (see Section 44-317) or at the beginning of the QR Payment Quarter following the mandatory reporting of the individual on the QR 7 (see Section 44-318):

(SAR)

The AU shall include the following persons when living in the same home and eligible at the time of initial family application (see Section 44-317) or at the beginning of the SAR Payment Period following the mandatory reporting of the individual on the SAR 7 or SAWS 2 (see Section 44-318):

.31 Applicant Child

(Continued)

.5 Penalty

The county shall deny the application or discontinue CalWORKs when a mandatorily included person refuses to be included.

[Previous Cites: 44-205.1, 44-205.4 and 44-205.51]

Authority cited: Sections 10553, 10554, 10604, and 11369, Welfare and Institutions Code.

Reference: 42 USCA 606; 45 CFR 206.10(a)(1); 45 CFR 233.10(a)(1), (a)(1)(iv) and (vii); 45 CFR 233.90(c)(1)(v)(A); 45 CFR 237.50(b)(5); 45 CFR 250.34; SSA-AT-86-01; Section 242, California Civil Code; Edwards v. Healy, Civ. S. 91-1473 DFL (1992); Sections 10553, 10554, 10604, 11000, 11254, 11265.3, 11400, 11450, and 11450.16, Welfare and Institutions Code; and ACF-AT-94-5; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 82-824 to read:

82-824 ASSISTANCE UNITS THAT SHALL BE COMBINED

82-824

.1 Combining AUs

Two or more AUs in the same home shall be combined into one AU when: (Continued)

.14

Section 82-824.14(QR) et seq. shall become inoperative and Section 82-824.14(SAR) et seq. shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) .14 Combining AUs Mid-Quarter

(QR) .141

When a voluntary report is made that would combine separate AUs mid-quarter, the county shall determine if the mid-quarter action of combining the AUs would increase or decrease aid for the separate AUs.

(QR) .142

The county shall compare the monthly grant for the combined AUs to the total combined monthly grants of the separate AUs.

(QR) .143

If the combined AU's monthly grant would be higher than the total combined monthly grant of two separate AUs, the county shall take mid-quarter action to combine the AUs the first of the month following the voluntary report.

(QR) .144

If the combined AU's monthly grant does not result in an increase to the total combined monthly grant of the separate AUs, the county shall not take mid-quarter action to combine the AUs. The combining of the separate AUs shall be effective the first of the next QR Payment Quarter, after the change(s) is reported on the QR 7.

(SAR) .14 Combining AUs Mid-Period

(SAR) .141

When a voluntary report is made that would combine separate AUs mid-period, the county shall determine if the mid-period action of

combining the AUs would increase or decrease aid for the separate AUs.

(SAR) .142

The county shall compare the monthly grant for the combined AUs to the total combined monthly grants of the separate AUs.

(SAR) .143

If the combined AU's monthly grant would be higher than the total combined monthly grant of two separate AUs, the county shall take mid-period action to combine the AUs the first of the month following the voluntary report.

(SAR) .144

If the combined AU's monthly grant does not result in an increase to the total combined monthly grant of the separate AUs, the county shall not take mid-period action to combine the AUs. The combining of the separate AUs shall be effective the first of the next SAR Payment Period, after the change(s) is reported on the SAR 7 or SAWS 2.

[Previous Cite: 44-205.3]

Authority cited: Sections 10553, 10554, and 10604, Welfare and Institutions Code.

Reference: 45 CFR 206.10(a)(1); 45 CFR 233.90; 45 CFR 237.50(b)(5); United States Department of Health and Human Services, Office of Family Assistance, Aid to Families with Dependent Children Action Transmittal No. SSA-AT-86-1; Section 242, California Civil Code; Anderson v. Edwards 115 S.Ct. 1291 (1995); and Sections 10553, 10554, 10604, 11000, 11265.3, and 11450, Welfare and Institutions Code; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 82-832 to read:

82-832 EXCLUDED PERSONS (Continued)

82-832

.3 Add a Person Who Becomes
Ineligible Prior to Authorization
of Aid

Section 82-832.3(QR) shall become inoperative and Section 82-832.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

A new person who has been mandatorily reported on the QR 7 and determined eligible based on the QR 7 information, shall be treated as an excluded person for the next QR Payment Quarter when ineligibility occurs after the QR Data Month but prior to the authorization of aid (see Section 40-171.221). This person's income and needs, as reported on the QR 7, shall be treated in accordance with Section 44-133.5 for the next QR Payment Quarter and the AU shall be discontinued at the end of that quarter in which the individual was treated as an excluded person, if the subsequent QR 7 establishes that ineligibility continues to exist for the AU.

(SAR)

A new person who has been mandatorily reported on the SAR 7 and determined eligible based on the information provided, shall be treated as an excluded person for the next SAR Payment Period when ineligibility occurs after the SAR Data Month but prior to the authorization of aid (see Section 40-171.221). This person's income and needs, as reported on the SAR 7, shall be treated in accordance with Section 44-133.5 for the next SAR Payment Period and the AU shall be discontinued at the end of that SAR Period in which the individual was treated as an excluded person, if the following SAWS 2 establishes that ineligibility continues to exist for the AU.

(a)

Section 82-832.3(a)(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(SAR)

If a new person is mandatorily reported on the SAWS 2 and ineligibility occurs before the redetermination is processed and aid is authorized, the new person shall not be added to the AU. Furthermore, if the new person is found to make the entire AU ineligible, aid will be discontinued for the entire AU at the end of the SAR Payment Period in which the new person was mandatorily reported. (See section 40-105.1 for applicant and recipient reporting responsibilities and county action.)

HANDBOOK BEGINS HERE

Handbook Section 82-832.3(QR) shall become inoperative and Handbook Section 82-832.3(SAR) shall become operative in a county on the date SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example:

An AU is aided based on absent parent deprivation. The current QR Payment Quarter is January/February/March. In January, the absent father returned to the home and is reported for the first time on the QR 7 for the Data Month of February. The father, who was determined to be the principal earner, was receiving UIB in the first month (January) and in the Data Month and was initially determined eligible as an unemployed parent based on the QR 7 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job in the Submit Month of March. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g) and instruct the AU to report the father's full-time employment on the QR 7 due in June (for May). Because ineligibility for the father has occurred after the QR Data Month but prior to the authorization of aid, his reasonably anticipated income as reported on the QR 7 for February, and his needs shall be treated as those of an excluded person in accordance with Section 44-133.5 for the next QR Payment Quarter. The existing AU's deprivation is not affected until the father's full-time employment that occurred mid-quarter (in March) is reported on the subsequent QR 7. If the subsequent QR 7 establishes that ineligibility exists for the AU, the county shall discontinue cash aid at the end of that quarter once timely and adequate notice has been provided.

(SAR) Example 1:

An AU is aided based on absent parent deprivation. The current SAR Payment Period is January through June. In March, the absent father returned to the home and is reported for the first time on the SAR 7 for the Data Month of May. The father, who was determined to be the principal earner, was receiving UIB in the Data Month and was initially determined eligible as an unemployed parent based on the SAR 7 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job in the Submit Month of June. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g) and instruct the AU to report the father's full-time employment on the SAWS 2 due in December (for November). Because ineligibility for the father has occurred after the SAR Data Month but prior to the authorization of aid, his reasonably anticipated income as reported on the SAR 7 for May, and his needs shall be treated as those of an excluded person in accordance with Section 44-133.5 for the next SAR Payment Period. The existing AU's deprivation is not affected until the father's full-time employment that occurred mid-period (in June) is reported on the subsequent SAWS 2. If the subsequent SAWS 2 establishes that ineligibility exists for the AU, the county shall discontinue cash aid at the end of that SAR Period once timely and adequate notice has been provided.

(SAR) Example 2:

An AU is aided based on absent parent deprivation. The current SAR Payment Period is January through June. In March, the absent father returned to the home and is reported for the first time on the SAWS 2 in June. The father, who was determined to be the principal earner, was receiving UIB at the time the SAWS 2 was completed and was initially determined eligible as an unemployed parent based on the SAWS 2 information. However, when the county completed the interview in the Submit Month, it was learned that the father had accepted a full-time job. Since the principal earner has accepted full-time employment and deprivation due to unemployment was not established prior to the authorization of aid for the father, the county shall deny aid to the father in accordance with Section 40-171.221(g). Furthermore, since the AU no longer meets the deprivation requirements to be eligible for aid, the entire AU will be discontinued effective June 30, with timely and adequate notice.

HANDBOOK ENDS HERE

[Previous cite: 44-206]

Authority cited: Sections 10553, 10554, 10604, 11270, and 11369, Welfare and Institutions Code.

Reference: 8 CFR 213a. and 299; 45 CFR 205.42(d)(2)(v)(A) and (B), as printed in Federal Register, Vol. 57, No. 198, Tuesday, October 13, 1992, page 46808, 45 CFR 205.52, 45 CFR 206.10(a)(5)(i), 45 CFR 232.12(d), 45 CFR 233.10(a)(1)(i), (a)(1)(i)(B), and (a)(3), 45 CFR 233.20(a)(1)(i), (a)(3)(ii)(C) and (F), and (a)(3)(ix), 45 CFR 233.50, 45 CFR 233.51, 45 CFR 233.90(c), (c)(1), and (c)(2)(iv), 45 CFR 233.100(a)(5)(ii), 45 CFR 233.106, 45 CFR 240.22, and 45 CFR 250.34(a) and (c), and (c)(2); and Sections 11008.13, 11104, 11157, 11201(b), 11203, 11251.3, 11263.5, 11265.1, 11265.2, 11265.3, 11268, 11270, 11315, 11320.6(e), 11327.5(c), 11406.5, 11450, 11450.5, 11454, 11454.5, 11477, 11477.02, 11486, and 11486.5, Welfare and Institutions Code; and the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, Section 115; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 89-110 to read:

89-110 MAXIMUM AID PAYMENT (MAP) LEVEL AND MAP RESTRICTION 89-110

HANDBOOK BEGINS HERE

- .1 MAP Amount See Section 44-315.321, Handbook for the MAP levels in effect as of 7/1/2012.

HANDBOOK ENDS HERE

- .2 Exempt and Nonexempt AUs The CWD shall determine whether an AU is an Exempt or Nonexempt AU for purposes of the MAP amounts specified in Section 44-315.311 by using the rules in this section. (Continued)

- .26 Review of AU Exemption Status The CWD shall review AU exemption status when:

- .261 WTW Exemption An AU member is determined exempt from WTW due to incapacity as specified in Section 42-712.44 or care of another individual in the household as specified in Section 42-712.46.

- .262 Section 89-110.262(QR) shall become inoperative and Section 89-110.262(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

- (QR) Quarterly Eligibility Report Received The county processes the Quarterly Eligibility Report submitted by the AU.

- (SAR) Semi-Annual Eligibility Report Received The county processes the SAR 7 or the SAWS 2 submitted by the AU.

- .263 Application or Add Person (Continued)

- .27 Exempt AU Status The CWD shall consider that an AU is an Exempt AU when, on or after application for CalWORKs, the AU meets the rule in Section 89-110.21 and is also eligible for CalWORKs or, for RCA AUs, eligible for RCA. (Continued)

.28

Section 89-110.28(QR) et seq. shall become inoperative and Section 89-110.28(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Use of Exempt/Nonexempt
 Amount

The county shall use the Exempt or Nonexempt AU MAP corresponding to the AU's MAP status that is reasonably anticipated for the QR Payment Quarter. (Also see Sections 89-110.291(QR) and .292(QR).)

(SAR) Use of Exempt/Nonexempt
 Amount

The county shall use the Exempt or Nonexempt AU MAP corresponding to the AU's MAP status that is reasonably anticipated for the SAR Payment Period. (Also see Sections 89-110.291(SAR) and 89-110.292(SAR).)

.29

When the AU status changes between exempt and nonexempt, the county shall change the MAP status effective as follows:

.291

Section 89-110.291(QR) shall become inoperative and Section 89-110.291(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

If the change is reported on the QR 7, the change in status shall be effective the first day of the next QR Payment Quarter.

(SAR)

If the change is reported on the SAR 7 or the SAWS 2, the change in status shall be effective the first day of the next SAR Payment Period.

.292

Section 89-110.292(QR) shall become inoperative and Section 89-110.292(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR)

If the change is reported mid-quarter and the change in status will increase cash aid as specified in Section 44-316.31(QR), the change in status shall be effective the first day of the

month following the report of the change when verification has been provided.

(SAR)

If the change is reported mid-period and the change in status will increase cash aid as specified in Section 44-316.31(SAR), the change in status shall be effective the first day of the month following the report of the change when verification has been provided.

HANDBOOK BEGINS HERE

- .3 Handbook Section 89-110.3(QR) shall become inoperative and Handbook Section 89-110.3(SAR) shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Examples of Exempt and Nonexempt AUs, Financial Eligibility Determination, Quarterly MAP Status Determination, and Mid-Quarter MAP Status Changes

(SAR) Examples of Exempt and Nonexempt AUs, Financial Eligibility Determination, Semi-Annual MAP Status Determination, and Mid-Period MAP Status Changes

.31 (Continued)

.32 Determining MAP Status for Applicants

Handbook Section 89-110.32(QR) Example 11 shall become inoperative and Handbook Section 89-110.32(SAR) Example 11 shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example 11 – Determining MAP Status for Applicants

(QR) An initial application is made January 4 for an AU consisting of a father and two children. The applicant AU is placed in a January/February/March quarter. When applying for aid, the father was in receipt of SSI/SSP. The SSI/SSP ends on February 28. Since the MAP status is determined prospectively for the entire quarter based on the applicant's status at the time application is approved, the county uses the Exempt MAP to determine financial eligibility and cash aid for the entire quarter.

(SAR) Example 11 – Determining MAP Status for Applicants

(SAR) An initial application is made January 4 for an AU consisting of a father and two children. The applicant AU is placed in a January through June SAR Payment Period. When applying for aid, the father was in receipt of SSI/SSP. The SSI/SSP ends on February 28. Since the MAP status is determined prospectively for the entire

period based on the applicant's status at the time application is approved, the county uses the Exempt MAP to determine financial eligibility and cash aid for the entire SAR Payment Period.

.33 Determining MAP Status for Recipients

Handbook Section 89-110.33(QR) Example 12 through 16 shall become inoperative and Handbook Section 89-110.33(SAR) Example 12 through 16 shall become operative in a county on the date that SAR becomes effective in that county, pursuant to the County's SAR Declaration.

(QR) Example 12 – Determining Status for Recipients

(QR) An existing AU is in an October/November/December quarter. On the November QR 7, the recipient reported the receipt of SDI in the Data Month. The county verifies the recipient's QR 7 information and uses the Exempt MAP status to determine financial eligibility and cash aid for the next QR Payment Quarter.

(SAR) Example 12– Determining Status for Recipients

(SAR) An existing AU is in a July through December SAR Payment Period. On the November SAR 7, the recipient reports the receipt of SDI in the Data Month. The county verifies the recipient's SAR 7 information and uses the Exempt MAP status to determine financial eligibility and cash aid for the January through June SAR Payment Period.

(QR) Example 13 – Late Discovery Due to Client's Failure to Timely Report

(QR) The AU consists of a parent and his child. The AU is in an April/ May/June quarter. The father starts receiving SDI in May but does not report the information on the QR 7. On July 2, the father voluntarily requests mid-quarter review of his status and provides the appropriate verification of his exempt status. The first month the Exempt MAP status is effective is August. Section 89-110.271 provides that the MAP status change shall not be effective for any months prior to a request for review when the status change results from a request for review and Section 89-110.292(QR) provides that increases to aid due to a recipient mid-quarter voluntary report are not effective until the first of the month following the report.

(SAR) Example 13 – Late Discovery Due to Client's Failure to Timely Report

(SAR) The AU consists of a parent and his child. The AU is in an April through September SAR Payment Period. The father starts receiving SDI in the Data Month of August but does not report the information on the SAR 7. On October 2, the father voluntarily requests mid-period review of his status and provides the appropriate verification of his exempt status. The first month the Exempt MAP status is effective is November. Section 89-110.271 provides that the MAP status change

shall not be effective for any months prior to a request for review when the status change results from a request for review and Section 89-110.292(SAR) provides that increases to aid due to a recipient mid-period voluntary report are not effective until the first of the month following the report.

(QR) Example 14 – Late Discovery Due to Administrative Error

(QR) The AU consists of a mother and her child. The AU is in an April/May/June quarter. The mother's SDI benefits end on May 11 and the mother no longer qualifies for the Exempt MAP status. The AU reports the information correctly on their May QR 7 due in June. However, the county incorrectly processes the QR 7 and continues to use the Exempt MAP status for the July/August/September quarter. In July, the county discovers the error. Since the effective date of the MAP status change for the QR Payment Quarter was July 1, the county shall take mid-quarter action to correct the error. The county shall recompute eligibility and cash aid for the entire QR Payment Quarter using the nonexempt status. The county shall recompute aid for the remaining months of the quarter and shall make an overpayment or underpayment determination for the month of July.

(SAR) Example 14 – Late Discovery Due to Administrative Error

(SAR) The AU consists of a mother and her child. The AU is in a January through June SAR Payment Period. The mother's SDI benefits end on May 11 and the mother no longer qualifies for the Exempt MAP status. The AU reports the information correctly on their May SAR 7 due in June. However, the county incorrectly processes the SAR 7 and continues to use the Exempt MAP status for the July through December SAR Payment Period. In July, the county discovers the error. Since the effective date of the MAP status change for the SAR Payment Period was July 1, the county shall take mid-period action to correct the error. The county shall recompute eligibility and cash aid for the entire SAR Payment Period using the nonexempt status. The county shall recompute aid for the remaining months of the SAR Payment Period and shall make an overpayment or underpayment determination for the month of July.

(QR) Example 15 – Mid-Quarter Status Review Request

(QR) An existing AU, a father and his child, is in an April/May/June quarter. Eligibility and cash aid for this quarter has been determined using the February QR 7 information. On May 15, the recipient voluntarily reports mid-quarter that they began receiving SDI in lieu of their full time job on May 7. The recipient provides the necessary verification within 10 days of the report. The county determines that this voluntary mid-quarter report will increase cash aid (see Section 44-316.31(QR)). The county changes the recipient's MAP status for the AU from Nonexempt MAP to Exempt MAP beginning in June and will continue to use the status until the AU reports a status change on either the QR 7 or a mid-quarter report.

(SAR) Example 15 – Mid-Period Status Review Request

(SAR) An existing AU, a father and his child, is in a January through June SAR Payment Period. Eligibility and cash aid for this period has been determined using the December SAR 7 information. On April 15, the recipient voluntarily reports mid-period that they began receiving SDI in lieu of their full time job on April 7. The recipient provides the necessary verification within 10 days of the report. The county determines that this voluntary mid-period report will increase cash aid (see Section 44-316.31(SAR)). The county changes the recipient's MAP status for the AU from Nonexempt MAP to Exempt MAP beginning in May and will continue to use the exempt MAP status until the AU reports a status change on either the SAR 7, SAWS 2 or a mid-period report.

(QR) Example 16 – Mid-Quarter Voluntary Report to Add a Person

(QR) An AU of one, a pregnant woman only case, is in an October/November/December quarter. The AU has been receiving aid based on exempt MAP status in accordance with Section 89-110.213. On November 5, the mother voluntarily reports the birth of the child and requests aid for the child. When determining the eligibility to add the child December 1, the county determines that the potentially "new AU" (the existing AU and the added person) does not meet exempt MAP status. The county uses the Nonexempt MAP status to determine if the child is CalWORKs eligible and if the newborn's addition into the existing AU increases the grant. If the newborn increases cash aid for the existing AU, the Nonexempt MAP status shall be effective December 1 and will continue until a change in status is reported on either a QR 7 or a mid-quarter report.

(QR) If the newborn's addition into the AU would decrease cash aid, the Nonexempt MAP status shall be effective the first day of the next QR Payment Quarter and will continue until a change in status is reported on either a QR 7 or a mid-quarter report.

(SAR) Example 16 – Mid-Period Voluntary Report to Add a Person

(SAR) An AU of one, a pregnant woman only case, is in an October through March SAR Payment Period. The AU has been receiving aid based on exempt MAP status in accordance with Section 89-110.213. On November 5, the mother voluntarily reports the birth of the child and requests aid for the child. When determining the eligibility to add the child December 1, the county determines that the potentially "new AU" (the existing AU and the added person) does not meet exempt MAP status. The county uses the Nonexempt MAP status to determine if the child is CalWORKs eligible and if the newborn's addition into the existing AU increases the grant. If the newborn increases cash aid for the existing AU, the Nonexempt MAP status shall be effective December 1 and will continue until a change in status is reported on the SAR 7, SAWS 2, or a mid-period report.

- (SAR) If the newborn's addition into the AU would decrease cash aid, the baby will be added to the AU and the Nonexempt MAP status shall not be effective until the first day of the next SAR Payment Period and will continue until a change in status is reported on the SAR 7, SAWS 2, or a mid-period report.

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.4 Relocation Family Grant (Continued)

Authority cited: Sections 10553, 10554, 11209, and 11450(g), Welfare and Institutions Code.

Reference: Sections 10553, 10554, 11265.1, 11265.2, 11265.3, 11450.01, 11450.015, 11450.03, and 11450.5, Welfare and Institutions Code; Federal Terms and Conditions for the California Assistance Payments Demonstration Project as approved by the United States Department of Health and Human Services on October 30, 1992; and Memorandum of Decision and Order in Green v. Anderson, (Civ. S-92-2118) dated January 28, 1993; and Letters from the Department of Health and Human Services, Administration for Children and Families, dated February 29, 1996, March 11, 1996, and March 12, 1996; Federal Register, Vol. 75, No. 19, dated January 29, 2010, pages 4928 and 4929 [7 CFR 273.12(a)(1)(vii)].

Amend Section 89-201 to read:

89-201 MINOR PARENT REQUIREMENT (Continued)

89-201

.3 Referral (Continued)

- .31 Discontinuance of Minor Parent If the minor parent is determined to be ineligible for CalWORKs, the eligibility worker shall notify CWS of the minor's discontinuance.

.4 Payee (Continued)

.41 Adult Refusal (Continued)

- .42 Minor Parent Refusal or Failure to Cooperate If the minor parent refuses or fails to cooperate in obtaining verification of the adult's consent or refusal to act as payee on his/her behalf, the minor parent's AU is ineligible for CalWORKs. (Continued)

.44 Documentation (Continued)

- .441 The payee understands that these CalWORKs payments are for the support of the minor parent and his/her dependent child(ren); and (Continued)

- .445 (Continued)

HANDBOOK BEGINS HERE

.45 Example 1:

A minor parent applies for CalWORKs for herself and her dependent child. The minor states her parents are divorced and living at different residences. The minor states that her mother forced her and her child out of the home and will not allow them to return. Further, the minor states that she has not lived with her father (the other senior parent) for over 12 months.

The minor provides a statement from her mother that the minor had been living with her for the past two years, but that she will no longer allow the minor and child to live with her. Since the minor meets the exemption for each senior

parent, the county will: (1) not apply the Minor Parent Requirement, and (2) grant aid to the minor parent and/or her child if they are otherwise eligible, and (3) refer the case to CWS for Minor Parent services.

.46 Example 2:

A minor parent applies for CalWORKs for herself and her dependent child. The minor parent states that she has been living with a friend for the past three months.

The minor parent states that her mother forced her to move out of the home and will not allow her to return. The minor's friend told her that she needs to find another place to live by the end of the month.

The minor parent is unable to obtain a statement from her mother confirming that she is not allowed to return to the parent's home. In a collateral call to the minor parent's mother, the mother indicates that her daughter ran away from home three months ago and refuses to return. The mother indicates that she is willing to allow the minor parent and her dependent child to live with her. The minor parent then states that she fears for her safety and the safety of her dependent child if she returns to her mother's home. A child protective services worker completes an evaluation of the mother's home and determines that there would be no risk to either the minor parent or her dependent child if they were to live with the minor's parent.

Since the minor parent does not meet any of the exemption criteria, she and her dependent child must live with her parent, legal guardian, or other adult relative to be eligible for CalWORKs. The minor parent refuses to return to her mother's home and no other adult relative will allow her to live with him/her. The minor parent and child are not eligible for CalWORKs and the application is denied.

HANDBOOK ENDS HERE

.5 Senior Parent Income

In cases where the minor parent lives with his/her parent(s), the income and needs of the senior parent(s) shall be considered. Eligibility and grant amount for senior parent/minor parent cases shall be determined in accordance with Sections 44-133.5, 44-207 and 44-315 as appropriate, based on the specific circumstances of the case.

.51 Senior Parent/Minor Parent
Eligibility and Grant Amount

When considering income of the senior parent(s), pursuant to Sections 44-133.5, 44-207 and 44-315, and that income does not result in ineligibility of the minor and his/her child(ren), and: (Continued)

.513 Grant Amount

The income of the senior parent(s) shall be considered and the actual grant amount calculated pursuant to Section 44-315.3.

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(a) Example:
Eligible Minor
Parent in own AU

The persons residing together are the senior parent, her minor daughter (minor parent) and her minor daughter's child. The senior parent is not in the AU. The senior parent earns \$1,025 per month. The minor parent has no income. The family resides in Region 1 and is nonexempt.

The eligibility/grant computation is as follows:

\$1,025	Reasonably Anticipated Family Earned Income
- 112	\$112 Earned Income Disregard
\$ 913	
- 456	50% Earned Income Disregard*
\$ 456	Net Nonexempt Income*
\$ 638	MAP for an AU of Three
- 456	Total Net Nonexempt Income
\$ 182	Potential Grant
\$ 516	MAP for an AU of Two
\$ 182	Actual Grant Amount (lesser of potential grant or AU MAP)

* 50% Earned Income Disregard and Net Nonexempt Income must be rounded down to the nearest dollar amount: MPP Section 44-315.34

(b) Example:
Eligible Minor
Parent in AU
of Senior Parent(s)

Minor parent lives with both her parents. The senior parents are in the AU with the minor parent and the minor's child. One senior parent earns \$900 per month. The other senior parent earns \$400 per month and receives \$125 in State Disability Insurance benefits. The minor parent has no income. The AU is nonexempt and resides in Region 1.

The eligibility/grant computation is as follows:

\$ 125	Reasonably Anticipated Monthly Disability-Based Unearned Income
- 225	\$225 Disability-Based Unearned Income (DBI) Disregard
<u>0</u>	Net Disability-Based Unearned Income
\$ 100	Remainder of \$225 DBI Disregard
\$ 1,300	Reasonably Anticipated Monthly Family Earned Income
- 100	Remainder of \$225 DBI Disregard
<u>\$ 1,200</u>	
- 600	50% Earned Income Disregard
<u>\$ 600</u>	Net Nonexempt Earned Income
+ 0	Other Nonexempt Unearned Income
<u>\$ 600</u>	Total Net Nonexempt Income
\$ 762	MAP for an AU of Four
- 600	Net Nonexempt Income
<u>\$ 162</u>	Grant Amount

HANDBOOK ENDS HERE

.6 Minor Meets Exemption

(Continued)

Authority cited: Sections 10553 and 10554, Welfare and Institutions Code; SB 72 (Chapter 8, Statutes of 2011), Section 42.

Reference: Sections 11008.14, 11017, 11254 (Ch. 1022, Stats. 2002), 11450, 11451.5, 11453, and 16506(d), Welfare and Institutions Code; 42 USCA 608(a)(5).

CHILD/SPOUSAL AND MEDICAL SUPPORT NOTICE AND AGREEMENT**Assignment and Cooperation Requirements**

You must assign to the county any rights you may have to child or spousal support payments while you are receiving Aid to Families with Dependent Children (AFDC) and any rights you may have to medical support to the state while you are receiving Medi-Cal. The receipt of a AFDC check and/or a Medi-Cal card will assign the past and present support rights of all persons for whom you are requesting AFDC and/or Medical Assistance. At your request, the county will provide information to you on the amount of support paid to the county by the absent parent(s).

You must cooperate with the County Welfare Department and the District Attorney:

- In identifying and locating any absent parent in your case;
- In establishing the paternity of any child in your case when necessary;
- In obtaining from any absent parent medical support payments and, if you receive AFDC, child/spousal support payments;
- By turning over to the county district attorney any medical support payments given to you on or after this date; and if you receive AFDC, any child/spousal support payments given to you on or after this date;
- By informing the county about medical coverage or payment for medical services paid by the absent parent on or after this date.

When requested to do so you must:

- Complete the Child Support Questionnaire (Form CA 2.1).
- Complete a statement (CS 870) under penalty of perjury. If you sign the form and you don't give all the facts or you give the wrong information, you could be fined and/or imprisoned.
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate.
- Appear at the County Welfare Department or District Attorney's Office to sign papers or provide necessary information.

Benefits of Support Enforcement:

Your cooperation may be of value to you and your child(ren) because finding the absent parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The District Attorney will continue to help enforce support after you go off AFDC or Medi-Cal unless you make a request in writing to the District Attorney to stop.

You have the right:

- To claim Good Cause if you have an acceptable reason for refusing to cooperate in the support enforcement process. If you feel that cooperating would not be in the best interests of your child(ren), you may refuse to cooperate and claim Good Cause. The back of this form explains your right to claim Good Cause in more detail. If you think you might have Good Cause, ask your eligibility worker to explain it to you before signing below.
- To show you are cooperating by filling out and signing a statement (CS 870) under penalty of perjury that you have given all the facts you know about the absent parent(s).

Penalty Provision:

If you refuse to assign support rights, if you refuse or fail to turn over to the county any support given to you by the absent parent(s), or if you refuse to cooperate in the support enforcement process without Good Cause, the following will apply.

If you are an applicant/recipient of AFDC:

- You will be ineligible for AFDC, but your child(ren) may still be eligible. Their grant will go to another person called a protective payee who will pay the child(ren)'s living expenses, and
- Your case will be referred to the District Attorney.
- You will be ineligible for Medi-Cal benefits, but your child(ren) may still be eligible.

If you are an applicant/recipient of Medi-Cal Only:

- You will be ineligible for Medi-Cal benefits, but your child(ren) may still be eligible.

Agreement:

- ☐ I agree to cooperate with the County Welfare Department and the District Attorney as specified above.
- ☐ I claim Good Cause and refuse to cooperate at this time.
- ☐ I refuse to assign child/spousal support rights (AFDC).
- ☐ I refuse to assign medical support rights (AFDC and Medi-Cal only cases).

I understand my rights and responsibilities as described above, including the requirement that I assign support rights to the county. I also understand my right to claim Good Cause.

Signature of Applicant or Recipient

Date

I certify that I have notified the applicant or recipient of his or her rights and responsibilities by means of this notice and verbally as needed.

Eligibility Worker's Signature

Eligibility Worker Number

Date

YOUR RIGHT TO CLAIM GOOD CAUSE

The only reasons for claiming Good Cause

- Cooperation is expected to result in serious physical harm to the child(ren);
- Cooperation is expected to result in serious emotional harm to the child(ren);
- Cooperation is expected to result in physical harm to you which is so serious that it reduces your ability to care for the child(ren) adequately;
- Cooperation is expected to result in emotional harm to you which is so serious that it reduces your ability to care for the child(ren) adequately;
- The child(ren) were conceived due to incest or forcible rape;
- Court proceedings are going on for the adoption of the child(ren); or
- You are working with a social agency to help you decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.

How to Claim Good Cause

If you want to claim Good Cause, you must tell your eligibility worker. You can do this whenever you believe you have Good Cause not to cooperate. You must also complete and sign the Good Cause claim form which your eligibility worker will give to you.

If you claim Good Cause you must:

- Give the County Welfare Department evidence needed to determine if you have Good Cause for refusing to cooperate. (If your reason for claiming Good Cause is your fear of physical harm and it is impossible to obtain evidence, the County Welfare Department may still be able to make a Good Cause determination after investigating your claim.)
- Give the necessary evidence within 20 days of claiming Good Cause. The County Welfare Department will only give you more time when it decides that more than 20 days are required to get the evidence.

What is Acceptable Evidence?

The following are examples of acceptable evidence the County Welfare Department can use to determine if Good Cause exists. If you need help in getting a copy of any of the documents your eligibility worker will help you.

- Birth certificates, or medical or law enforcement records which indicate that the child was conceived due to incest or forcible rape;
- Court documents or other records which indicate that legal proceedings for adoption are pending in court;
- Records which indicate that the absent parent or alleged father might inflict physical or emotional harm on you or the child(ren);
- Medical records which indicate your or your child(ren)'s emotional health history and present health status; or written statements from mental health professionals giving a diagnosis or prognosis on your or your child(ren)'s emotional health.
- A written statement from a social agency confirming that you are being helped to decide whether to place the child for adoption; and,
- Sworn statements from people who know the circumstances of your Good Cause claim. These people could be friends, neighbors, clergymen, social workers and others.

The County Welfare Department Decides Your Claim

The County Welfare Department will:

- Decide your claim based on the evidence you give, or
- Conduct an investigation to verify and decide your claim. (You may be required to give information such as the absent parent or alleged father's name and address. The County Welfare Department will not contact the absent parent or alleged father without first telling you.)

District Attorney's Participation

The District Attorney may review the County Welfare Department's findings and the basis for a Good Cause determination in your case. If you request a hearing on the issue of Good Cause, the District Attorney may participate in that hearing.

If the County Welfare Department decides you have Good Cause for not cooperating, the District Attorney may try to establish paternity or collect support only if the County Welfare Department decides that this can be done without risk to you or your child(ren). This will not be done without first telling you.

The District Attorney will not pursue child support enforcement activities until the final determination regarding your Good Cause claim has been made by the County Welfare Department.

NOTICE AND AGREEMENT FOR CHILD, SPOUSAL AND MEDICAL SUPPORT

Complete one form for each noncustodial parent or alleged father.

Assignment and Cooperation Rules

You must assign (give to) the county any rights you may have for:

- Any child or spousal support payments you get while receiving cash aid.
- Medical support you get while getting Medi-Cal.

The receipt of a cash aid payment and/or Medi-Cal Benefits Identification Card (BIC) will assign the past and present support rights of all persons for whom you are requesting cash aid and/or medical assistance. You will be sent facts on the amount of support the county gets from the noncustodial parent(s).

Cooperation

You must cooperate with the county and the Local Child Support Agency (LCSA) to:

- Identify and locate any noncustodial parent/alleged father in your case;
- Tell the county or LCSA any time you get facts about the noncustodial parent/alleged father, such as place of residence or work location;
- Agree to cooperate in the support enforcement process or to claim good cause for refusing to cooperate by completing this Notice and Agreement;
- Complete the Child Support Questionnaire (CW 2.1Q) for each noncustodial parent or alleged father;
- Establish paternity and get child and/or spousal support;
- Submit to genetic testing if paternity is in question;
- Obtain any other payments or property due any member of your assistance unit;
- Obtain medical support money from any noncustodial parent and, if you get cash aid, obtain child support money;
- Tell the county about medical coverage or money for medical services paid by the noncustodial parent and complete the Health Insurance Questionnaire form (DHS 6155);
- Give the LCSA any medical support money from any noncustodial parent, and any child/spousal support money you get;
- Appear at the county or LCSA office to sign papers or give required facts;
- Appear at hearings or in court when necessary;
- Fill out and sign an Attestation Statement, if asked by the LCSA. On this form you declare under penalty of perjury that you have given all the facts you know about the noncustodial parent/alleged father. If you sign the form and you do not report all the facts or give wrong facts, you can be fined or sent to jail/prison.

Benefits of Cooperation

Your cooperation can help you and your child(ren). Finding the noncustodial parent and establishing paternity may give you and your child(ren) rights to future social security, veterans, or other benefits. The LCSA will continue enforcement after you go off cash aid or Medi-Cal unless you make a request in writing to the LCSA to stop.

Good Cause for Not Cooperating

- Good cause is the right to refuse to cooperate because it is not in the best interests of you or your child(ren).
- You have the right to claim good cause for not cooperating if you have an acceptable reason for refusing to cooperate with the county and the LCSA.
- The back of this form gives you facts about good cause. If you want more facts about good cause and/or refusal to cooperate, ask your worker to explain them to you.

Penalty for Refusal to Cooperate

If you do not have good cause, there are penalties if you refuse to assign support rights, refuse or fail to give the county any support given to you by the noncustodial parent(s), or refuse to cooperate with the LCSA, including in determining paternity.

For cash aid applicants/recipients:

- If you refuse to assign support rights or refuse/fail to give the county any support given to you, you will not be eligible for cash aid or Medi-Cal. Your child(ren) may still be eligible for aid/benefits and your case will be referred to the LCSA.
- If you refuse or fail to cooperate in the paternity or support enforcement process, your family's grant will be lowered by 25 percent until you cooperate and you may not get Medi-Cal. This penalty ends effective the first day of the month in which you do cooperate.

- **For applicants/beneficiaries of Medi-Cal Only:** You will not be eligible for Medi-Cal benefits, but your child(ren) may still be eligible.

Certification and Agreement:

- I understand my rights and responsibilities as written on this notice.
- I understand the rules for assigning support rights to the county.
- I also understand my right to claim good cause.

☐ I agree to cooperate with the county and the LCSA as listed above.

☐ I claim good cause and refuse to cooperate at this time.

NAME OF NONCUSTODIAL PARENT/ALLEGED FATHER

☐ I refuse to assign child/spousal support rights (cash aid).

☐ I refuse to assign medical support rights (cash aid and Medi-Cal).

Signature of Parent or Caretaker Relative,
or Medi-Cal Applicant/Beneficiary

Date

Case Name

Case Number

I certify that I have notified the applicant, cash aid recipient, or Medi-Cal beneficiary of his/her rights and responsibilities by means of this notice and orally as needed.

County Worker's Signature

Worker's Number

Date

YOUR RIGHT TO CLAIM GOOD CAUSE

Reasons for Claiming Good Cause:

- Cooperation would increase the risk of physical, sexual, or emotional harm to the child(ren).
- Cooperation would increase the risk of domestic abuse for the parent or caretaker relative.
- The child(ren) was conceived due to incest or rape.
- Court proceedings are going on for the adoption of the child(ren).
- You are working with an adoption agency to help you decide whether to keep or place the child(ren) for adoption.
- You are cooperating in good faith but are not able to identify or help locate the noncustodial parent.
- You have other credible reasons why cooperation would not be in the best interest of the child(ren).

How to Claim Good Cause:

- If you want to claim good cause, you must tell your worker. You can do this whenever you believe you have good cause not to cooperate.
- You must also complete and sign the Good Cause Claim form which your worker will give you.
- If you claim good cause, you must:
 - Give the county proof that you have good cause for refusing to cooperate.
 - Give the proof to the county within 20 days of claiming good cause. The county will give you more time if it determines that you need more than 20 days to get your proof.
- If you are claiming good cause and it is not possible for you to get proof, tell the worker.

The Role of the County:

- The county reviews your Good Cause Claim and the proof you provide and decides whether you have good cause.
- The county investigates your facts.
- The county will tell you when you need to provide:
 - more proof to support your good cause claim, and/or
 - additional facts so that it will not be necessary to contact the noncustodial parent or alleged father.

What Is Acceptable Evidence to Claim Good Cause for Not Cooperating?

- Birth certificates, medical/mental health, rape crisis, domestic violence program, or police/sheriff records that show that the child(ren) was conceived due to incest or rape.
- Records that show you have asked for help with abuse toward you and/or the child(ren); or records that show evidence of abuse. These records can be from police/sheriff, governmental agency, or court records; facts from a domestic violence program or a professional from whom you have asked for help in dealing with abuse; physical evidence of abuse, or any other evidence that supports an exemption from the cooperation rules.
- Court documents or other records that show that a legal adoption is pending in court.
- A written statement from an adoption agency confirming that you are being helped to decide whether to keep or place your child(ren) up for adoption.
- Credible sworn statements under penalty of perjury about the history of abuse or the increased risk of abuse, from either you or other people who know about the reasons for your good cause claim for not cooperating.

The Role of the Local Child Support Agency (LCSA):

- If you request a hearing on the issue of good cause, the LCSA may take part in that hearing.
- The LCSA may try to establish paternity or collect child support if:
 - Establishing paternity or collecting child support will not increase risk of harm to you or the child(ren).
 - You do not have good cause for refusing to cooperate.
- After the county tells the LCSA that an applicant/recipient has claimed to be exempt from the cooperation rules, the LCSA will not pursue child support enforcement activities unless the applicant/recipient asks for these actions to begin or to begin again.

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SUPPORT QUESTIONNAIRE

Instructions:

You must answer ALL questions.
COMPLETE ONE FORM FOR EACH NONCUSTODIAL PARENT
OR EACH UNMARRIED FATHER IN THE HOME.

Use ink. Print answer. Check Yes, No, or Unknown.
Use a separate piece of paper if you need more room.

FOR COUNTY USE ONLY

CWD CASE NAME	LCSA CASE NAME
CWD CASE NUMBER	LCSA CASE NUMBER
CWD WORKER NAME/NO.	LCSA WORKER NAME/NO.
TELEPHONE NUMBER ()	TELEPHONE NUMBER ()

SECTION 1 - COMPLETE THE FOLLOWING ABOUT YOURSELF

NAME (FIRST, MIDDLE, LAST)	MAIDEN NAME	SOCIAL SECURITY NUMBER (SSN)	BIRTHDATE	BIRTH PLACE	RACE
HOME ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		CITY	STATE	ZIP	TELEPHONE NUMBER ()
YOUR RELATIONSHIP TO CHILDREN		YOUR RELATIONSHIP TO NONCUSTODIAL PARENT/UNMARRIED FATHER IN THE HOME ☐ Spouse ☐ Ex-Spouse ☐ Friend ☐ Other			

SECTION 2 - COMPLETE THE FOLLOWING ABOUT THE NONCUSTODIAL PARENT OR UNMARRIED FATHER IN THE HOME

A. NAME (FIRST, MIDDLE, LAST)	SOCIAL SECURITY NUMBER (SSN)	☐ MALE ☐ FEMALE	BIRTHDATE	BIRTH PLACE	RACE
LAST KNOWN ADDRESS (STREET NUMBER AND NAME, APARTMENT NUMBER, IF ANY)		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
CITY	STATE	ZIP	SCARS, BIRTHMARKS, TATTOOS, NICKNAMES, ETC.		
WHEN WAS THIS ADDRESS CURRENT?		TELEPHONE NUMBER ()		WHEN DID YOU LAST HEAR FROM OR GET MAIL FROM THIS PARENT?	
				DOES THIS PARENT LIVE WITH YOU? ☐ YES ☐ NO	
B. WHAT KIND OF INCOME DOES NONCUSTODIAL PARENT HAVE? ☐ Earnings ☐ Unemployment or Disability Insurance Benefits ☐ Social Security ☐ None ☐ Other					
LAST KNOWN EMPLOYER		TELEPHONE NUMBER ()			
STREET ADDRESS		TYPE OF WORK			
CITY	STATE	ZIP	UNION MEMBER? ☐ YES, UNION NAME ☐ NO ☐ UNKNOWN		
WHEN DID THIS PARENT LAST WORK THERE?		UNION ADDRESS:			
C. DOES THIS PARENT HAVE HEALTH INSURANCE FOR THE CHILDREN? ☐ YES ☐ NO ☐ UNKNOWN					
NAME OF INSURANCE		POLICY NUMBER		DATE OF COVERAGE	
D. PARENTS ARE ☐ MARRIED ☐ DIVORCED ☐ SEPARATED ☐ NEVER MARRIED OR HAVE BEEN ☐ WHERE ☐ WHERE ☐ LIVING TOGETHER					
E. IS THERE A COURT ORDER FOR SUPPORT? ☐ YES ☐ NO ☐ PENDING		AMOUNT ORDERED \$	HOW OFTEN?	DATE OF COURT ORDER	COURT ORDER NUMBER
				LOCATION OF COURT (COUNTY & STATE)	
HOW DOES THE PARENT PAY? ☐ PAYS HOUSEHOLD BILLS ☐ TO YOU ☐ TO COUNTY ☐ PAYROLL DEDUCTION ☐ OTHER		WHEN DID PARENT LAST PAY?		HOW MUCH? \$	
F. NAME OF A FRIEND OR RELATIVE OF NONCUSTODIAL PARENT		RELATIONSHIP TO NONCUSTODIAL PARENT		TELEPHONE NUMBER ()	
ADDRESS (NUMBER AND STREET)		CITY		STATE	ZIP
G. DOES THIS PARENT OWN ANY MOTOR VEHICLES? ☐ YES ☐ NO ☐ UNKNOWN		MAKE	MODEL	YEAR	LICENSE NO.
H. DOES THIS PARENT OWN A HOUSE, LAND, BUILDINGS, OR BANK ACCOUNTS? ☐ YES ☐ NO ☐ UNKNOWN		WHAT/WHERE			
I. IS THIS PARENT CURRENTLY ON PROBATION OR PAROLE? ☐ YES ☐ NO ☐ UNKNOWN		WHAT COUNTY OR STATE?			
J. HAS THIS PARENT EVER BEEN IN JAIL OR PRISON? ☐ YES ☐ NO ☐ UNKNOWN		IF YES, WHEN/WHERE?			
K. HAS THIS PARENT EVER BEEN IN THE MILITARY? ☐ YES ☐ NO ☐ UNKNOWN		IF YES, WHEN/WHAT BRANCH?			
L. ARE YOU ABLE TO IDENTIFY OR HELP LOCATE THE NONCUSTODIAL PARENT? ☐ YES ☐ NO					

SECTION 3 - CHILDREN (IN YOUR HOME) OF THIS PARENT OR UNMARRIED FATHER

NAME OF CHILD	M	F	SSN	BIRTHDATE	BIRTHPLACE, CITY, STATE	PATERNITY DECLARATION
	☐	☐				MFG ☐ YES ☐ NO ☐ UNK ☐ DATE SIGNED COUNTY
	☐	☐				MFG ☐ YES ☐ NO ☐ UNK ☐ DATE SIGNED COUNTY
	☐	☐				MFG ☐ YES ☐ NO ☐ UNK ☐ DATE SIGNED COUNTY
	☐	☐				MFG ☐ YES ☐ NO ☐ UNK ☐ DATE SIGNED COUNTY

SECTION 4 - SUPPORT ENFORCEMENT SERVICES (MEDI-CAL ONLY)

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE UNITED STATES OF AMERICA AND THE STATE OF CALIFORNIA THAT THE INFORMATION IN THIS QUESTIONNAIRE IS TRUE, CORRECT AND COMPLETE.

SIGNATURE	DATE
-----------	------

1st Copy - Local Child Support Agency

2nd Copy - County Welfare Department

3rd Copy - Applicant

CW 2.1 (Q) (7/01) SUPPORT QUESTIONNAIRE REQUIRED FORM-SUBSTITUTE PERMITTED

R E P E A L

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF FACTS FOR AN ADDITIONAL PERSON

(Supplemental Application for Food Stamps and Request for Cash Aid)

INSTRUCTIONS: Fill out this form to tell us about a new person in the home. If you need more space to answer the questions, attach another sheet of paper. Fill in the answers for all the questions about the benefits you are asking for. The "CA" for cash aid and "FS" for food stamps listed to the left side of each question tell you which questions are for which program.

If you get cash aid, and you want aid for the new person, this form must be filled out by either the adult caretaker relative who is now getting cash aid or the new person, unless the new person is a child.

For Food Stamp households, which do not get cash aid or do not want cash aid for the new person, this form may be completed by a household member, an authorized representative or the new person.

PLEASE PRINT IN INK

CA ① Name of Person Completing Form (First, Middle, Last)
FS

CA ② List new person in the home, including a newborn.
FS

NAME (First Middle Last)	CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO
--------------------------	---

SOCIAL SECURITY NUMBER	BIRTHDATE	PREGNANT ☐ YES ☐ NO	IS HE/SHE A PARENT? ☐ YES ☐ NO
------------------------	-----------	--	---

BIRTHPLACE (City/State/Country)	SEX (✓) ☐ M ☐ F	SCHOOL STATUS (✓) ☐ Has a High School Diploma ☐ Has a GED ☐ Currently Attending School ☐ Not Attending School (Explain):
---------------------------------	--	--

MARITAL STATUS ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed	BLIND/DEAF/DISABLED ☐ YES ☐ NO	ANY OTHER NAME USED, BELOW: (Maiden, adoptive, etc.)
--	---	--

RELATED TO APPLICANT/CARETAKER/HEAD OF HOUSEHOLD?
If "YES", explain relationship: ☐ YES ☐ NO

CA ③ Has he/she applied for or received benefits in the past, such as: cash aid, food stamps homeless assistance, Medi-Cal, Refugee Cash Assistance?
FS If "YES", explain: ☐ YES ☐ NO

WHEN	WHERE (County, State, or Country)	TYPE OF BENEFIT
------	-----------------------------------	-----------------

CA ④ Is he/she a child under age 19? If "YES", complete below: ☐ YES ☐ NO

MOTHER'S NAME (✓) Lives in Home	FATHER'S NAME (✓) Lives in Home	Reason Other Parent Does Not Live in the Home	Child Needs Aid Due to Parent's (Check all boxes which apply) ☐ Absence ☐ Unemployment ☐ Incapacity ☐ Death
------------------------------------	------------------------------------	---	---

CA ⑤ Has he/she been in the U.S. military service or the spouse, parent or child of a person who has been in the military service? If "YES", explain: ☐ YES ☐ NO
FS

LIST NAME, BRANCH OF SERVICE, ETC.	HONORABLE DISCHARGE ☐ YES ☐ NO
------------------------------------	---

CA ⑥ Has he/she lived in California for the last 12 months in a row? Complete below: ☐ YES ☐ NO

LAST PLACE OF RESIDENCE (City, State)	DATE ARRIVED IN CALIFORNIA
---------------------------------------	----------------------------

CA ⑦ Does he/she presently live in California and intend to continue living here? If "NO", explain: ☐ YES ☐ NO

COUNTY USE ONLY

CASE NAME _____
CARE NUMBER _____
WORKER NAME _____
WORKER NUMBER _____
DATE RECEIVED _____

VERIFIED:	YES	NO
SSN		
FS ID		
Blind/Deaf/Disabled		
Residency		
DFA 285-C Comp.		
Referred to Cal-Learn		
CA 25 Completed		
CA 25 A Completed		
Referred to GAIN		
Citizen		
Eligible Non-citizen		
Sponsored		
SAVE		
Date of Entry to U.S.		
Excluded HH Member Code		
Work/Training/GAIN Code		

VERIFIED: Deprivation ☐ YES ☐ NO

CA 5 ☐ YES ☐ NO
Date Initiated _____

Apply RFG: ☐ YES ☐ NO

State _____
RFG MAP _____
RFG Months _____

CA FS ⑧ A. Is he/she a foster child(ren) living in the home? ☐ YES ☐ NO				COUNTY USE ONLY			
FS B. Do you want the foster child and their foster care income Stamp case? ☐ YES ☐ NO included in the Food				☐ AFDC and FC Eligible/ CR Chooses: Child: ☐ AFDC ☐ FC CR: ☐ AFDC ☐ None			
CA FS ⑨ A. Is he/she 16 or older and enrolled in school, college, or a training program? If "YES", complete below: ☐ YES ☐ NO				VERIFIED: School Enrollment ☐ Yes ☐ No FS Eligible Student ☐ Yes ☐ No			
NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM IF ENROLLED, CHECK (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify):		UNITS/HOURS PER WEEK		EXPECTED DATE OF GRADUATION		WORKING? ☐ YES ☐ NO	
CA FS B. Complete below if he/she is enrolled in college or attending a similar educational institution.							
TERM ☐ Semester ☐ Year ☐ Quarter		TUITION/FEES PER TERM \$		BOOKS, EQUIPMENT, ETC., PER TERM \$		VERIFIED: Expenses ☐ Yes ☐ No Financial Aid ☐ Yes ☐ No	
ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)		DAYS ATTENDING PER WEEK		TRANSPORTATION USED			
TRANSPORTATION COST PER WEEK \$		AMOUNT PAID BY CARPOOL MEMBERS \$		PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$			
CA FS ⑩ Has he/she had cash aid or food stamps stopped for a period of time or forever due to: non-cooperation during a quality control review, work or training sanctions, or due to welfare fraud or an Intentional Program Violation? If "YES", complete below: ☐ YES ☐ NO							
WHY		WHEN		WHAT COUNTY/STATE			
CA FS ⑪ Is he/she hiding or running from the law for a felony, an attempted felony, or for a parole or probation violation? ☐ YES ☐ NO							
FS ⑫ Does he/she buy food and fix meals separately from others in the home? ☐ YES ☐ NO							
FS ⑬ Is he/she age 60 or older and unable to buy food and fix meals separately because of a disability? ☐ YES ☐ NO							
FS ⑭ Does he/she pay you for meals and/or a room? ☐ YES ☐ NO							
CHECK (✓) ☐ Meals ☐ Room ☐ Both		HOW MUCH \$		HOW OFTEN		NO. OF MEALS PER DAY	
						Household Elects BOARDER HH MEMBER ROOMER	
FS ⑮ Does he/she get food from any of the following programs? ☐ YES ☐ NO • Communal dining facility for the elderly or disabled • Food distribution program operated by a Native American reservation • Other food program If "YES", complete below:							
NAME OF PROGRAM							

CA FS (16) Is he/she working now or expecting to be working in the next two months? If "YES", complete below. Attach paystubs or other proof of earnings.
(Note: If self-employed, list business expenses on a separate sheet of paper and attach it to this form.)

COUNTY USE ONLY

(✓) If Exempt

☐ CA
☐ FS Adult
☐ FS Child

☐ S/E Farmer ☐ Yes ☐ No

Verification(s) on file: ☐ Yes ☐ No

EMPLOYER NAME

SELF EMPLOYED

OCCUPATION

DAYS/HOURS WORKED PER MONTH

☐ YES ☐ NO

PAY DATE(S)

WAGES BEFORE DEDUCTIONS

TIPS OR COMMISSIONS

\$ per

☐ YES Amount \$ ☐ NO

CA FS (17) A. Does he/she pay someone to care for a child, disabled adult or other dependent so he/she can go to work or training or look for a job?
If "YES", complete below:

☐ YES ☐ NO

Child Care Informing Given to Client:

TrueTime Informing (CCP 2)

Health & Safety Certification (CCP 5)

☐ Yes ☐ No

☐ Yes ☐ No

Dependent Care Eligible

CA ☐ Yes ☐ No

FS ☐ Yes ☐ No

NAME OF PERSON WHO RECEIVES CARE

NAME OF PERSON WHO GIVES CARE

MONTHLY AMOUNT PAID

\$

NAME OF PERSON WHO RECEIVES CARE

NAME OF PERSON WHO GIVES CARE

MONTHLY AMOUNT PAID

\$

CA FS B. Does he/she get child care costs paid for them? Include costs paid by a relative or friend, Department of Education Student Aid Block Grant, Cal-Learn, TCC, NET, GAIN, SCC, CAAP, etc. If "YES", complete below:

☐ YES ☐ NO

NAME OF CHILD

WHO PAYS

MONTHLY AMOUNT PAID

\$

NAME OF CHILD

WHO PAYS

MONTHLY AMOUNT PAID

\$

CA FS (18) Has he/she stopped or refused work or training in the last 60 days? If "YES", complete below:

☐ YES ☐ NO

NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM

Did this person get or expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO

LAST PAY CHECK RECEIVED (DATE)

AMOUNT BEFORE DEDUCTIONS

\$

EXPECTED CHECK (DATE)

AMOUNT BEFORE DEDUCTIONS

\$

NUMBER OF HOURS OF WORK/TRAINING

LAST DAY OF WORK/TRAINING

TIPS OR COMMISSIONS

☐ YES Amount \$ ☐ NO

Last Month

This Month

REASON FOR LEAVING JOB/TRAINING

Emp. Statement

Good Cause Determination

Voluntary Quit

☐ CA: 30 days

☐ FS: 60 days

CA FS (19) Is he/she on strike? If "YES", complete below:

☐ YES ☐ NO

Striker Regs Apply

NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM

NAME OF UNION

DATE WENT ON STRIKE

GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE

\$

CA ☐ Yes ☐ No

FS ☐ Yes ☐ No

CA FS (20) Does he/she pay child or spousal support? If "YES", complete below:

☐ YES ☐ NO

Court Order on File ☐ Yes ☐ No

NAME OF CHILD OR SPOUSE

AMOUNT PER MONTH

COURT ORDERED

\$

☐ YES ☐ NO

Amount Ordered \$

CA FS (21) Has he/she applied for or received any other benefits in the last 12 months, such as: Social Security, Unemployment/Disability Insurance, Cash Aid, Child/Spousal Support, Veterans Benefits, Free Housing, Free Utilities, etc.? If "YES", complete below:

☐ YES ☐ NO

TYPE BENEFIT	AMOUNT	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED	HOW OFTEN (Weekly, Monthly, Etc.)	DATE EXPECTED TO START AND STOP	(✓) If Exempt
		\$				START: STOP:	CA FS

CA 22 Does he/she own or is he/she buying any real estate, such as land and/or buildings anywhere, including outside the U.S. ☐ YES ☐ NO
FS If "YES", complete below:

ESTIMATED	TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	VALUE
				\$

COUNTY USE ONLY

Home Exempt ☐ Yes ☐ No
Other Real Property
Market Value \$
Amount Owed \$
Net Value \$
Lien Applicable ☐ Yes ☐ No

CA 23 A. Does he/she have any of the following resources? ☐ YES ☐ NO
FS If "YES" check (✓) each item and explain below:

RESOURCE	YES	NO	RESOURCE	YES	NO
Checks or Money (at home or elsewhere)			Trust Funds		
Checking/Savings/Credit Union Account			Stocks, Bonds, Certificates, IRAs, Retirement Funds		
Notes, Mortgages, Trust Deeds, Sales Contracts			Other (list below)		

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE	(✓) If Exempt AFDC FS
				\$	
				\$	

CA B. Does he/she get income from any of these resources, such as interest, dividends, etc.? ☐ YES ☐ NO
FS If "YES", list each item and explain below:

SOURCE OF MONEY	HOW MUCH	HOW OFTEN
	\$	
	\$	

CA 24 Does he/she own, lease, or use any motor vehicles, such as a car, truck, boat, trailer, van, mobile home, off-road vehicle (ATVs), motorcycle, seadoos, jetskis, etc.? ☐ YES ☐ NO
FS If "YES", complete below:

NAME OF OWNER IF LEASED CHECK (✓)	HOW USED	YEAR, MAKE, MODEL	LICENSE NUMBER & STATE OF REGISTRATION	LICENSED (✓) ☐ Yes ☐ No	ESTIMATED VALUE	BALANCE OWED
☐ Leased					\$	\$

CA 25 Does he/she own or use personal property which cost at least \$100 for each item or is now worth at least \$100 each, such as: jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, or other household furnishings. ☐ YES ☐ NO
FS If "YES", complete below:

OWNER	NAME OF ITEM	DATE BOUGHT	PURCHASE PRICE OR CURRENT VALUE	BALANCE OWED
			\$	\$
			\$	\$

CA 26 Has he/she sold, transferred or given away any real or personal property within the last 2 years for cash aid and within the last 3 months for food stamps? ☐ YES ☐ NO
FS If "YES", explain below:

CA 27 Does he/she have any of the following insurance coverage: life, burial, disability or mortgage? ☐ YES ☐ NO
FS If "YES", complete below:

NAME OF INSURANCE COMPANY	POLICY NUMBER	PREMIUM PAID BY (NAME)	AMOUNT PAID
			\$

CA 28 Does he/she have health or hospitalization insurance, including insurance paid for by an employer or absent parent, such as: Blue Cross, Kaiser, CHAMPUS, Medicare, etc.? ☐ YES ☐ NO
FS If "YES", complete below:

NAME OF INSURANCE COMPANY	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	

(✓) If Exempt
Leased
☐ Exempt
☐ Leased
Vehicle Valuation

☐ Owned Jointly
☐ Owned Separately
Net Market Value
\$

Closed Bank Accounts:
☐ Food Stamps in last 3 months

Total CSB
(1) _____
(2) _____

Total Countable Property:
Items 22-27
AFDC \$
FS \$

☐ Health Care Options Explanation Given Referral
NA
☐ DHS 8155
☐ DFA 285-C
Medicare Gross Premium \$

CA 29 Did he/she get medical/ pregnancy treatment this month or in the three months before this month? ☐ YES ☐ NO
If "YES", complete below:

COUNTY USE ONLY

Retro Medi-Cal
Requested ☐ Yes ☐ No
Approved ☐ Yes ☐ No

WANT MEDI-CAL	FOR TREATMENT?	FOR THOSE MONTHS?
	YES	NO

CA 30 Does he/she have any health insurance available from a parent, employer or absent parent, which has not been applied for? ☐ YES ☐ NO
If "YES", complete below:

☐ DHS 6155

NAME OF INSURANCE COMPANY	PREMIUM AMOUNT	HOW OFTEN PAID
	\$	
	\$	

CA 31 FS Does he/she have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? ☐ YES ☐ NO
If "YES", complete below:

VERIFIED:

Higher/Lower
MAP ☐ Yes ☐ No
Special Need ☐ Yes ☐ No
☐ DFA 285-C

TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

CA 32 FS A. Does he/she have a medical condition(s) or situation(s) that requires any of the following?
Check (✓) each item YES or NO:

	YES	NO		YES	NO
Special diet—prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

CA Special Need

☐ Yes ☐ No
Amount \$

VERIFIED:

CA ☐ Yes ☐ No
FS ☐ Yes ☐ No
☐ DFA 285-C

If "YES", explain:

CA 33 FS B. Does he/she get In-Home Supportive Services (IHSS)? ☐ YES ☐ NO
If "YES", how much does he/she pay each month? \$

☐ DFA 285-C

CA 33 The following services are available. Answers to these questions for yourself or anyone in the family will not affect your eligibility.
Check (✓) each item YES or NO.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention program (CHDP) for eligible members of your family under age 21.

- Do you want more information about CHDP Services?
- Do you want CHDP medical services?
- Do you want CHDP dental services?
- Do you need help making appointments or with transportation to CHDP Services?

YES NO

B. If

anyone in the family is pregnant, you can get help finding a doctor, getting

C. Is anyone in the family breastfeeding a child?

If "YES", was the birth within the last 12 months?

If "YES" checked to 33B or C, you may be eligible for services provided by the Women, Infants and Children (WIC) Special Supplemental Food Program.

D. Do you or any family member want free or low-cost family planning services? If "YES", call your health care plan or regular doctor.

Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.

☐ CHDP Brochure and
Explanation Given
Date:

☐ Referral

☐ Pregnant
☐ Parent or Guardian of
child under 5

☐ Breastfeeding
☐ Postpartum

☐ WIC referral

☐ Family Planning
Information Given
☐ Referred Date

CERTIFICATION

I understand the disqualification and/or welfare fraud penalties I will get if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, food stamps, and Medi-Cal.

I understand that:

- If I do not follow cash aid rules, my cash aid can be stopped for 6 months for the first violation, 12 months for the second, and forever for the third. And I may also be fined up to \$5,000 and/or sent to jail/prison for 3 years.
- If I give false or incomplete facts, I may be fined or sent to jail or prison if I am found guilty of committing perjury.
- If I file more than one application for cash aid so I can get cash aid in more than one case at the same time, or give the county false proof for an ineligible child or for a child that does not exist, my cash aid can be stopped for 2 years, 4 years, or forever.
- If I do not follow food stamp rules, my food stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
 - I traded or sold food stamps for firearms, ammunition, or explosives, my food stamps can be stopped forever for the first violation;
 - I traded or sold food stamps for controlled substances, my food stamps can be stopped for 24 months for the first violation and forever for the second;
 - I traded or sold food stamps that were worth \$500 or more, my food stamps can be stopped forever;
 - I gave the county false identity or residence information so I can get food stamps in more than one case at the same time, my food stamps can be stopped for 10 years.

I also understand that:

- I must apply for and keep any available health coverage if no cost is involved; if I don't, my Medi-Cal will be denied or stopped.
- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, etc.
- A Social Security Number (SSN) is required by law and will be matched with other records to be sure that I am not getting aid in more than one case, or in another county or state.
- All facts I gave, including benefit and income facts, may be reviewed and checked out by county, state and federal personnel, and that if I gave wrong facts, my cash aid, food stamps, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the Immigration and Naturalization Service (INS) to verify immigration status and the facts the county gets from INS may affect my eligibility for cash aid, food stamps, and full Medi-Cal.
- I or other family members will be required to repay any cash aid I should not have received.
- The Food Stamp household, any adult member of a Food Stamp household (even if he/she moves out), the sponsor of a non-citizen household member or the authorized representative of residents in an eligible institution, may be required to repay any benefits the household should not have received.
- Any member of my household who is hiding or running from the law for a felony or attempted felony, or is in violation of their parole or probation cannot get food stamps.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, ADULT FOOD STAMP HOUSEHOLD MEMBER OR FOOD STAMP AUTHORIZED REPRESENTATIVE)	DATE
SIGNATURE (OTHER PARENT IN THE HOME, IF APPLYING FOR CASH AID)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT	DATE
EW SIGNATURE	DATE

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF FACTS FOR AN ADDITIONAL PERSON

(Supplemental Application for CalFresh and Request for Cash Aid)

INSTRUCTIONS: Fill out this form to tell us about a new person in the home. If you need more space to answer the questions, attach another sheet of paper. Fill in the answers for all the questions about the benefits you are asking for. The "CA" for cash aid and "CF" for CalFresh listed to the left side of each question tell you which questions are for which program.

If you get cash aid, and you want aid for the new person, this form must be filled out by either the adult caretaker relative who is now getting cash aid or the new person, unless the new person is a child.

For CalFresh households, which do not get cash aid or do not want cash aid for the new person, this form may be completed by a household member, an authorized representative or the new person.

PLEASE PRINT IN INK

CA ① Name of Person Completing Form (First, Middle, Last)
CF

CA ② List new person in the home, including a newborn.
CF

NAME (First Middle Last)	CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National
	☐ Noncitizen: Sponsored ☐ YES ☐ NO

SOCIAL SECURITY NUMBER	BIRTHDATE	PREGNANT ☐ YES ☐ NO	IS HE/SHE A PARENT? ☐ YES ☐ NO
------------------------	-----------	--	---

BIRTHPLACE (City/State/Country)	SEX (✓) ☐ M ☐ F	SCHOOL STATUS (✓) ☐ Has a High School Diploma ☐ Has a GED ☐ Currently Attending School ☐ Not Attending School (Explain):
---------------------------------	--	--

MARITAL STATUS ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed	BLIND/DEAF/DISABLED ☐ YES ☐ NO	
--	---	--

RELATED TO APPLICANT/CARETAKER/HEAD OF HOUSEHOLD? If "YES", explain relationship: ☐ YES ☐ NO	ANY OTHER NAME USED: (Maiden, adoptive, etc.)
---	---

TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ CalFresh

CA ③ Has he/she applied for or received benefits in the past, such as: cash aid, ☐ YES ☐ NO
CF CalFresh, homeless assistance, Medi-Cal, Refugee Cash Assistance?
If "YES", explain:

WHEN	WHERE (County, State, or Country)	TYPE OF BENEFIT

CA ④ Is he/she a child under age 19? If "YES", complete below: ☐ YES ☐ NO

PARENT OR CARETAKER RELATIVE'S NAME (✓) Lives In Home	OTHER PARENT'S NAME (✓) Lives In Home	Reason Other Parent Does Not Live in the Home	Child Needs Aid Due to Parent's (Check all boxes which apply)
☐ Yes ☐ No	☐ Yes ☐ No		☐ Absence ☐ Unemployment ☐ Incapacity ☐ Death

CA ⑤ Has he/she been in the U.S. military service or the spouse, parent or child ☐ YES ☐ NO
CF of a person who has been in the military service? If "YES", explain:

LIST NAME, BRANCH OF SERVICE, ETC.	HONORABLE DISCHARGE ☐ YES ☐ NO
------------------------------------	---

CA ⑥ Does he/she presently live in California and intend to continue living here? ☐ YES ☐ NO
If "NO", explain:

COUNTY USE ONLY

CASE NAME
CASE NUMBER
WORKER NAME
WORKER NUMBER
DATE RECEIVED

VERIFIED:	YES	NO
SSN		
CF ID		
Blind/Deaf/Disabled		
Residency		
DFA 285-C Comp.		
CW 25 Completed		
QR 25 A Completed		
Referred to WTW		
Citizen		
Eligible Non-citizen		
Sponsored		
SAVE		

Date of Entry to U.S. _____
Excluded HH Member Code _____
Work/Training/WTW Code _____

VERIFIED: ☐ YES ☐ NO
Deprivation

CW 5 ☐ YES ☐ NO

Date Initialed _____

CA ⑦ Is he/she a foster child living in the home? ☐ YES ☐ NO CF A. Was the child placed in your home under a dependency order from the court? ☐ YES ☐ NO B. Do you want the foster child and foster care income counted on the CalFresh case? ☐ YES ☐ NO C. Is the child enrolled in a health care plan? ☐ YES ☐ NO	COUNTY USE ONLY 7A: ☐ Request dependency order 7B: CA and FC Elig/CR Chooses: Child: ☐ CA ☐ FC CR: ☐ CA ☐ None ☐ Kin-GAP 7C: ☐ Medi-Cal ☐ Fee for Service									
CA ⑧ A. Is he/she 16 or older and enrolled in school, college, or a training program? If "YES", complete below: ☐ YES ☐ NO CF	VERIFIED: School Enrollment ☐ Yes ☐ No CF Eligible Student ☐ Yes ☐ No									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM</td> <td style="width: 25%; border-bottom: 1px solid black;">UNITS/HOURS PER WEEK</td> <td style="width: 25%; border-bottom: 1px solid black;">EXPECTED DATE OF GRADUATION</td> <td style="width: 25%; border-bottom: 1px solid black;">WORKING? ☐ YES ☐ NO</td> </tr> <tr> <td colspan="4" style="border-bottom: 1px solid black;">IF ENROLLED, CHECK (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify): _____ </td> </tr> </table>	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO	IF ENROLLED, CHECK (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify): _____					
NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO							
IF ENROLLED, CHECK (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify): _____										
CA B. Complete below if he/she is enrolled in college or attending a similar educational institution. CF	VERIFIED: Expenses ☐ Yes ☐ No Financial Aid ☐ Yes ☐ No									
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">TERM ☐ Semester ☐ Year ☐ Quarter</td> <td style="width: 25%; border-bottom: 1px solid black;">TUITION/FEES PER TERM \$ _____</td> <td style="width: 25%; border-bottom: 1px solid black;">BOOKS, EQUIPMENT, ETC., PER TERM \$ _____</td> </tr> <tr> <td style="width: 25%; border-bottom: 1px solid black;">ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)</td> <td style="width: 25%; border-bottom: 1px solid black;">DAYS ATTENDING PER WEEK</td> <td style="width: 25%; border-bottom: 1px solid black;">TRANSPORTATION USED</td> </tr> <tr> <td style="width: 25%; border-bottom: 1px solid black;">TRANSPORTATION COST PER WEEK \$ _____</td> <td style="width: 25%; border-bottom: 1px solid black;">AMOUNT PAID BY CARPOOL MEMBERS \$ _____</td> <td style="width: 25%; border-bottom: 1px solid black;">PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$ _____</td> </tr> </table>	TERM ☐ Semester ☐ Year ☐ Quarter	TUITION/FEES PER TERM \$ _____	BOOKS, EQUIPMENT, ETC., PER TERM \$ _____	ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)	DAYS ATTENDING PER WEEK	TRANSPORTATION USED	TRANSPORTATION COST PER WEEK \$ _____	AMOUNT PAID BY CARPOOL MEMBERS \$ _____	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$ _____	
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TRANSPORTATION COST PER WEEK \$ _____	AMOUNT PAID BY CARPOOL MEMBERS \$ _____	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$ _____								
CA ⑨ Has he/she had cash aid or CalFresh stopped for a period of time or forever due to: non-cooperation during a quality control review, work or training sanctions, or due to welfare fraud or an Intentional Program Violation? ☐ YES ☐ NO CF If "YES", complete below:										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">WHY</td> <td style="width: 25%; border-bottom: 1px solid black;">WHEN</td> <td style="width: 50%; border-bottom: 1px solid black;">WHAT COUNTY/STATE</td> </tr> </table>	WHY	WHEN	WHAT COUNTY/STATE							
WHY	WHEN	WHAT COUNTY/STATE								
CA ⑩ Is any member of the household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? If "YES", give name of the person: ☐ YES ☐ NO CF										
CA ⑪ Has any member of the household been found by a court of law to be in violation of probation or parole? If "YES", give name of the person: ☐ YES ☐ NO CF										
CA ⑫ Has any member of the household been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s)? Give facts for cash aid, for convictions on or after 1/1/98; and for CalFresh, for crimes and convictions after 8/22/96. If "YES", complete below: ☐ YES ☐ NO CF										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">NAME OF PERSON CONVICTED</td> <td style="width: 33%; border-bottom: 1px solid black;">DATE CONVICTED</td> <td style="width: 33%; border-bottom: 1px solid black;">DATE CRIME COMMITTED</td> </tr> </table>	NAME OF PERSON CONVICTED	DATE CONVICTED	DATE CRIME COMMITTED							
NAME OF PERSON CONVICTED	DATE CONVICTED	DATE CRIME COMMITTED								
CF ⑬ Does he/she regularly buy food and fix meals separately from others in the home? ☐ YES ☐ NO	Separate household eligible ☐ Yes ☐ No									
CF ⑭ Is he/she age 60 or older and unable to buy food and fix meals separately because of a disability? ☐ YES ☐ NO	Separate household eligible ☐ Yes ☐ No									
CF ⑮ Does he/she pay you for meals and/or a room? ☐ YES ☐ NO	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="3" style="border-bottom: 1px solid black;">Household Elects</td> </tr> <tr> <td style="width: 33%; border-bottom: 1px solid black;">BOARDER</td> <td style="width: 33%; border-bottom: 1px solid black;">HH MEMBER</td> <td style="width: 33%; border-bottom: 1px solid black;">ROOMER</td> </tr> </table>	Household Elects			BOARDER	HH MEMBER	ROOMER			
Household Elects										
BOARDER	HH MEMBER	ROOMER								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">CHECK (✓) ☐ Meals ☐ Room ☐ Both</td> <td style="width: 25%; border-bottom: 1px solid black;">HOW MUCH \$ _____</td> <td style="width: 25%; border-bottom: 1px solid black;">HOW OFTEN _____</td> <td style="width: 25%; border-bottom: 1px solid black;">NO. OF MEALS PER DAY _____</td> </tr> </table>	CHECK (✓) ☐ Meals ☐ Room ☐ Both	HOW MUCH \$ _____	HOW OFTEN _____	NO. OF MEALS PER DAY _____						
CHECK (✓) ☐ Meals ☐ Room ☐ Both	HOW MUCH \$ _____	HOW OFTEN _____	NO. OF MEALS PER DAY _____							
CF ⑯ Does he/she get food from any of the following programs? • Communal dining facility for the elderly or disabled • Food distribution program operated by a Native American reservation • Other food program If "YES", complete below: ☐ YES ☐ NO										
NAME OF PROGRAM _____										

CA	17	Is he/she working now or expecting to be working in the future? ☐ YES ☐ NO				COUNTY USE ONLY ☒ If Exempt ☐ CA ☐ CF Adult ☐ CF Child CF S/E Farmer ☐ Yes ☐ No Verification(s) on file: ☐ Yes ☐ No																	
CF		If "YES", complete below. Attach paystubs or other proof of earnings. If job hasn't started what is the anticipated start date? (Note: If self-employed, list business expenses on a separate sheet of paper and attach it to this form).																					
EMPLOYER NAME		SELF EMPLOYED ☐ YES ☐ NO		OCCUPATION				DAYS/HOURS WORKED PER MONTH															
PAY DATE(S)		WAGES BEFORE DEDUCTIONS \$ per		TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO																			
Will this income continue? ☐ YES ☐ NO If "NO", explain any changes here:																							
CA	18	A. Does he/she pay someone to care for a child, disabled adult or other dependent so he/she can go to work or training or look for a job? ☐ YES ☐ NO				Child Care Informing Given to Client: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Trustline Informing (CCP 2)</td> <td style="width:50%;">Health & Safety Certification (CCP 5)</td> </tr> <tr> <td>☐ Yes ☐ No</td> <td>☐ Yes ☐ No</td> </tr> <tr> <td colspan="2">Dependent Care Eligible</td> </tr> <tr> <td>CA ☐ Yes ☐ No</td> <td>CF ☐ Yes ☐ No</td> </tr> </table>		Trustline Informing (CCP 2)	Health & Safety Certification (CCP 5)	☐ Yes ☐ No	☐ Yes ☐ No	Dependent Care Eligible		CA ☐ Yes ☐ No	CF ☐ Yes ☐ No								
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CF		If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">NAME OF PERSON WHO RECEIVES CARE</td> <td style="width:30%;">NAME OF PERSON WHO GIVES CARE</td> <td style="width:40%;">MONTHLY AMOUNT PAID \$</td> </tr> <tr> <td>NAME OF PERSON WHO RECEIVES CARE</td> <td>NAME OF PERSON WHO GIVES CARE</td> <td>MONTHLY AMOUNT PAID \$</td> </tr> </table>				NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$	NAME OF PERSON WHO RECEIVES CARE	NAME OF PERSON WHO GIVES CARE	MONTHLY AMOUNT PAID \$												
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CA		B. Does he/she get child care costs paid for them? ☐ YES ☐ NO																					
CF		Include costs paid by a relative or friend, Department of Education, Student Aid, Block Grant, Cal-Learn, TCC, NET, WTW, SCC, CAAP, etc. If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">NAME OF CHILD</td> <td style="width:35%;">WHO PAYS</td> <td style="width:40%;">MONTHLY AMOUNT PAID \$</td> </tr> <tr> <td>NAME OF CHILD</td> <td>WHO PAYS</td> <td>MONTHLY AMOUNT PAID \$</td> </tr> </table>				NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$	NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$												
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CA	19	Has he/she stopped or refused work or training in the last 60 days? ☐ YES ☐ NO				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:5%;">YES</td> <td style="width:5%;">NO</td> </tr> <tr> <td>Emp. Statement</td> <td></td> </tr> <tr> <td>Good Cause Determ</td> <td></td> </tr> <tr> <td>Voluntary Quit</td> <td></td> </tr> <tr> <td colspan="2"> ☐ CA: 30 days ☐ CF: 60 days </td> </tr> </table>		YES	NO	Emp. Statement		Good Cause Determ		Voluntary Quit		☐ CA: 30 days ☐ CF: 60 days							
YES	NO																						
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CF		If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> <td colspan="3"> Did this person get or expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO </td> </tr> <tr> <td rowspan="3">NUMBER OF HOURS OF WORK/TRAINING Last Month _____ This Month _____</td> <td>LAST PAYCHECK RECEIVED (DATE)</td> <td colspan="2">AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td>EXPECTED CHECK (DATE)</td> <td colspan="2">AMOUNT BEFORE DEDUCTIONS \$</td> </tr> <tr> <td>LAST DAY OF WORK/TRAINING</td> <td colspan="2">TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO</td> </tr> <tr> <td colspan="4">REASON FOR LEAVING JOB/TRAINING</td> </tr> </table>				NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	Did this person get or expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO			NUMBER OF HOURS OF WORK/TRAINING Last Month _____ This Month _____	LAST PAYCHECK RECEIVED (DATE)	AMOUNT BEFORE DEDUCTIONS \$		EXPECTED CHECK (DATE)	AMOUNT BEFORE DEDUCTIONS \$		LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO		REASON FOR LEAVING JOB/TRAINING			
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	LAST DAY OF WORK/TRAINING	TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO																					
REASON FOR LEAVING JOB/TRAINING																							
CA	20	Is he/she on strike? ☐ YES ☐ NO				Striker Regs Apply <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CA</td> <td style="width:50%;">CF</td> </tr> <tr> <td>☐ Yes ☐ No</td> <td>☐ Yes ☐ No</td> </tr> </table>		CA	CF	☐ Yes ☐ No	☐ Yes ☐ No												
CA	CF																						
☐ Yes ☐ No	☐ Yes ☐ No																						
CF		If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:35%;">NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM</td> <td colspan="3">NAME OF UNION</td> </tr> <tr> <td colspan="4">DATE WENT ON STRIKE</td> </tr> <tr> <td colspan="4">GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$</td> </tr> </table>				NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	NAME OF UNION			DATE WENT ON STRIKE				GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$									
NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM	NAME OF UNION																						
DATE WENT ON STRIKE																							
GROSS MONTHLY INCOME EARNED FROM THIS JOB BEFORE THE STRIKE \$																							
CF	21	Does he/she pay child or spousal support? ☐ YES ☐ NO				Court Order on File ☐ Yes ☐ No Amount Ordered \$																	
CF		If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">NAME OF CHILD OR SPOUSE</td> <td style="width:20%;">AMOUNT PER MONTH \$</td> <td style="width:40%;">COURT ORDERED ☐ YES ☐ NO</td> </tr> </table>						NAME OF CHILD OR SPOUSE	AMOUNT PER MONTH \$	COURT ORDERED ☐ YES ☐ NO													
NAME OF CHILD OR SPOUSE	AMOUNT PER MONTH \$	COURT ORDERED ☐ YES ☐ NO																					
CA	22	Has he/she applied for or received any other benefits in the last 12 months, such as: Social Security, Unemployment/Disability Insurance, Cash Aid, Child/Spousal Support, Veterans Benefits, Free Housing, Free Utilities, etc.? ☐ YES ☐ NO				(✓) If Exempt <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CA</td> <td style="width:50%;">CF</td> </tr> <tr> <td></td> <td></td> </tr> </table>		CA	CF														
CA	CF																						
CF		If "YES", complete below: <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TYPE BENEFIT</td> <td style="width:15%;">AMOUNT \$</td> <td style="width:15%;">DATE APPLIED</td> <td style="width:15%;">WHERE (COUNTY/STATE)</td> <td style="width:15%;">DATE LAST RECEIVED</td> <td style="width:15%;">HOW OFTEN (Weekly, Monthly, Etc.)</td> <td style="width:20%;">DATE EXPECTED TO START AND STOP START: _____ STOP: _____</td> </tr> </table>				TYPE BENEFIT	AMOUNT \$	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED	HOW OFTEN (Weekly, Monthly, Etc.)	DATE EXPECTED TO START AND STOP START: _____ STOP: _____											
TYPE BENEFIT	AMOUNT \$	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED	HOW OFTEN (Weekly, Monthly, Etc.)	DATE EXPECTED TO START AND STOP START: _____ STOP: _____																	
Will this income continue? ☐ YES ☐ NO If "NO", explain any changes here:																							

CA 23 Does he/she own or is he/she buying any real estate, such as land ☐ YES ☐ NO
CF and/or buildings anywhere, including outside the U.S.?

If "YES", complete below:

TYPE (LAND, HOUSE, APARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	ESTIMATED VALUE	AMOUNT OWED
			\$	\$

COUNTY USE ONLY

Home Exempt ☐ Yes ☐ No

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable ☐ Yes ☐ No

CA 24 A. Does he/she have any of the following resources? ☐ YES ☐ NO
CF If "YES" check (✓) each item and explain below:

RESOURCE	YES	NO	RESOURCE	YES	NO
Checks or Money (at home or elsewhere)			Trust Funds		
Checking/Savings/Credit Union Account			Stocks, Bonds, Certificates, IRAs, Retirement Funds		
Notes, Mortgages, Trust Deeds, Sales Contracts			Other (list below)		

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE	(✓) If Exempt
				\$	CA CF
				\$	

CA B. Does he/she get income from any of these resources, such as ☐ YES ☐ NO
CF interest, dividends, etc.?
If "YES," list each item and explain below:

SOURCE OF MONEY	HOW MUCH	HOW OFTEN
	\$	
	\$	

CA 25 Does he/she own, lease, or use any motor vehicles, such as a ☐ YES ☐ NO
CF car, truck, boat, trailer, van, mobile home, off-road vehicle (ATVs), motorcycle, seadoos, jetskis, etc.?
If "YES", complete below:

NAME OF OWNER IF LEASED CHECK (✓)	HOW USED	YEAR, MAKE, MODEL	LICENSE NUMBER & STATE OF REGISTRATION	LICENSED (✓)	ESTIMATED VALUE	BALANCE OWED
☐ Leased				☐ Yes ☐ No	\$	\$

(✓) If Exempt
Leased
Vehicle Valuation
☐ Exempt
☐ Leased

CA 26 Does he/she own or use personal property which cost at least \$100 for ☐ YES ☐ NO
CF each item or is now worth at least \$100 each, such as: jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, or other household furnishings.
If "YES", complete below:

OWNER	NAME OF ITEM	DATE BOUGHT	PURCHASE PRICE OR CURRENT VALUE	BALANCE OWED
			\$	\$
			\$	\$

☐ Owned Jointly
☐ Owned Separately
Net Market Value
\$

CA 27 Has he/she sold, transferred or given away any real or personal property ☐ YES ☐ NO
CF within the last 2 years for cash aid and within the last 3 months for CalFresh?
If "YES", explain below:

Closed Bank Accounts:
☐ CalFresh in last 3 months

CA 28 Does he/she have any of the following insurance coverage: life, burial, ☐ YES ☐ NO
CF disability or mortgage?
If "YES", complete below:

NAME OF INSURANCE COMPANY	POLICY NUMBER	PREMIUM PAID BY (NAME)	AMOUNT PAID
			\$

Total CSV

(1) _____

(2) _____

Total Countable Property:

Items 22-27

CA \$

CF \$

CA 29 Does he/she have health or hospitalization insurance, including insurance ☐ YES ☐ NO
CF paid for by an employer or absent parent, such as: Blue Cross, Kaiser, CHAMPUS, Medicare, etc.?
If "YES", complete below:

NAME OF INSURANCE COMPANY	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	

☐ Health Care Options Explanation Given Referral
NA

☐ DHS 6155

☐ DFA 285-C

Medicare Gross Premium
\$

Page 5 of 6

CERTIFICATION

I understand that:

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, etc. And for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
- All facts I gave, including benefit and income facts, may be reviewed and checked out by county, state, and federal personnel, and if I gave wrong facts, my cash aid, CalFresh, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) to verify immigration status and the facts the county gets from USCIS may affect my eligibility for cash aid, CalFresh and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident alien (LPR), (b) an amnesty alien with a valid and current I-688, or (c) an alien permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the USCIS.
- I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I or other family members will be required to repay any cash aid I should not have received.
- The CalFresh household, any adult member of a CalFresh household (even if he/she moves out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- Any member of my household who is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime or has been found by a court of law to be in violation of their probation or parole cannot get cash aid or CalFresh.
- Anyone who has committed and been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) since August 22, 1996, cannot get CalFresh or if convicted on or after January 1, 1998, cannot get cash aid.
- For cash aid, the county will require that I and certain household members be fingerprint and photo imaged. Benefits may be denied or stopped if we do not cooperate.

I also understand that:

I will get disqualification and/or welfare fraud penalties if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, CalFresh, and Medi-Cal.

For cash aid:

- If I on purpose do not follow cash aid rules, I may be fined up to \$10,000 and/or sent to jail/prison for 3 years. And my cash aid can be stopped:
 - For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third; and for Refugee Cash Assistance, 3 months for the first and 6 months for any later offense.
 - For submitting one or more applications to get aid in more than one case at the same time: 2 years for the first conviction, 4 years for the second, or forever for the third.
 - For conviction of felony thefts to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
 - For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county false proof for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing: forever.

For CalFresh:

- If on purpose I do not follow CalFresh rules, my CalFresh benefits will be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
 - I traded or sold CalFresh benefits for firearms, ammunition, or explosives, my CalFresh can be stopped forever for the first violation.
 - I traded or sold CalFresh benefits for controlled substances, my CalFresh can be stopped for 24 months for the first violation and forever for the second.
 - I traded or sold CalFresh benefits that were worth \$500 or more, my CalFresh can be stopped forever.
 - I filed two or more applications for CalFresh at the same time and gave the county false identity or residence information, my CalFresh can be stopped for 10 years.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT CALFRESH HOUSEHOLD MEMBER OR CALFRESH AUTHORIZED REPRESENTATIVE)

SIGNATURE (OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE
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R E P E A L

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

STATEMENT OF FACTS TO ADD A CHILD(REN) UNDER AGE 16

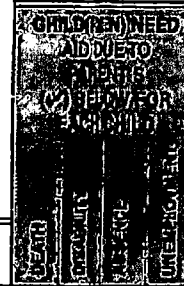
(Supplemental application and request for Cash Aid and/or Food Stamps)

INSTRUCTIONS:

Fill out this form for a new child(ren) in the home and sign the certification section. If you need more space, attach another sheet of paper.

If you get Cash Aid, and you want aid for the new child(ren), this form must be filled out by the parent or adult caretaker relative.

For Food Stamp households which don't get or don't want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.



COUNTY USE ONLY

CASE NAME
CASE NUMBER
WORKER NAME AND NUMBER
DATE RECEIVED

1. Parent's or Caretaker Relative's Name				Phone ()	
A CHILD'S NAME (FIRST, MIDDLE, LAST)				MOTHER'S NAME	
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		FATHER'S NAME	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE		BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO	
TYPE OF AID REQUESTED: ☐ Cash Aid ☐ Food Stamps ☐ None				CITIZENSHIP/IMMIGRATION STATUS CHECK (✓) ☐ U.S. Citizen/National ☐ Undocumented Lawful alien: ☐ Sponsored ☐ Refugee ☐ Other	
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Work Registration/Exemption GAIN Status FS Verified: ☐ SSN ☐ Age ☐ Deprivation ☐ Citizen/Immigr. ☐ Blind/Deaf/Disabled ☐ SAVE	
B CHILD'S NAME (FIRST, MIDDLE, LAST)				MOTHER'S NAME	
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		FATHER'S NAME	
BIRTHPLACE (CITY/STATE/COUNTRY)		BIRTHDATE		BLIND, DEAF, OR DISABLED? ☐ YES ☐ NO	
TYPE OF AID REQUESTED: ☐ Cash Aid ☐ Food Stamps ☐ None				CITIZENSHIP/IMMIGRATION STATUS CHECK (✓) ☐ U.S. Citizen/National ☐ Undocumented Lawful alien: ☐ Sponsored ☐ Refugee ☐ Other	
RELATIONSHIP TO APPLICANT/CARETAKER RELATIVE				Work Registration/Exemption GAIN Status FS Verified: ☐ SSN ☐ Age ☐ Deprivation ☐ Citizen/Immigr. ☐ Blind/Deaf/Disabled ☐ SAVE	
2. Did the child(ren) get cash aid or food stamps this month? ☐ YES ☐ NO					
IF "YES", complete below:					
TYPE OF AID			WHERE (County, State)		
Child A ☐ Cash Aid ☐ Food Stamps					
Child B ☐ Cash Aid ☐ Food Stamps					
3. Does the child(ren) get or expect to get any other income, such as: Earnings, SSI, Social Security Benefits, Child Support, Veterans Benefits, etc. ☐ YES ☐ NO					
IF "YES", complete below:					
WHO	WHAT	AMOUNT (Before Deductions, if Any)	WHEN	HOW OFTEN	Income Unearned Earned
		\$			CA FS: Adult Child
		\$			
4. Is the child(ren) pregnant or a teen parent? ☐ YES ☐ NO					
IF "YES", complete below:					
NAME		AGE	CHECK (✓) STATUS ☐ Pregnant ☐ Teen Parent		
SCHOOL STATUS, CHECK (✓) STATUS ☐ High School Diploma ☐ GED ☐ Not Attending School (explain): ☐ Currently Attending School ☐ Other (explain):					
Verified: ☐ Referred to Cal-Learn ☐ Referred to GAIN					

* The Social Security Act [Section 402(a)(25)] and the Food Stamp Act of 1977 (as amended by Public Law 97-88) say that you must give the county the Social Security Number (SSN) for anyone applying for Cash Aid and Food Stamps. If you refuse to give anyone's SSN or proof of application for his/her SSN, you won't be able to get aid for that person. SSNs are matched against records from tax, welfare, employment and the Social Security Administration for help determining eligibility and benefit levels. And SSNs are used to confirm income and resources; to prove the identity of a person(s); to be sure a person isn't getting aid in more than one case, in another county or state; to help the county make changes; and for program reviews and audits.

☐ ELIGIBLE	Signature of Eligible Worker	Date	Signature of Supervisor	Date
☐ INELIGIBLE (Reason)	Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:	

COUNTY USE ONLY

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT FOOD STAMP HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE SIGNED
SIGNATURE OF CASH AIDED SPOUSE OR OTHER PARENT OF CASH AIDED CHILDREN (IF LIVING IN THE HOME)	DATE SIGNED
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

WHO MUST SIGN THIS FORM: For Cash Aid, you and your aided spouse or the other parent of an aided child living in the home. For Food Stamps, an adult household member or authorized representative.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct and complete.

- If I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for food stamps. I can be sent to jail/prison for 5 years for cash aid and 20 years for food stamps. And benefits for cash aid and food stamps can be stopped for six months, twelve months, or forever.
- my case can be picked for reviews to prove eligibility and that I must cooperate fully with county, state and federal personnel in any quality control review.
- the facts I give will be checked out by local, state and federal personnel.
- the county will send facts to the Immigration and Naturalization Service (INS) for proof of immigration status.
- the facts the county gets from INS may affect eligibility for cash aid and food stamps.
- the facts I give will be checked with tax, welfare, employment agencies and the Social Security Administration to prove the child(ren)'s eligibility for cash aid or food stamps and that I am getting the right amount of cash aid or food stamps.

CERTIFICATION

7. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health Disability Prevention Program (CHDP). • Do you want more facts about CHDP services?..... ☐ YES ☐ NO • Do you want free CHDP medical or dental services?..... ☐ YES ☐ NO • Do you need help making appointments or getting to the doctor or dentist?..... ☐ YES ☐ NO B. Do you want facts about non-discrimination, alcohol/drug counseling, past medical expenses, and other special needs?..... ☐ YES ☐ NO C. Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help?..... ☐ YES ☐ NO D. Is anyone breastfeeding a child?..... ☐ YES ☐ NO E. IF "YES", was the birth within the last three months?..... ☐ YES ☐ NO F. Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies?..... ☐ YES ☐ NO		☐ CHDP brochure and explanation given ☐ Referred ☐ Date: ☐ Parent or Guardian of child under 5. ☐ Postpartum ☐ WIC referral ☐ Family Planning info given ☐ Date Referred:	
Child A		Child B	
6. Does the child(ren) have health insurance, such as Blue Cross, Kaiser, Champus, etc., which is paid for by a parent or parents? IF "YES", list insurance coverage: ☐ YES ☐ NO			
WHO		TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER
NAME, ADDRESS, OF BANK, ETC.		CURRENT VALUE	
5. Does the child(ren) own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, or other items? IF "YES", complete below: ☐ YES ☐ NO			
Verification provided ☐ (✓) Check if exempt ☐ CA ☐ FS			
Verification provided ☐ CHDP Coverage Code: A: B: ☐ Verification provided			

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

STATEMENT OF FACTS TO ADD A CHILD UNDER AGE 16

(Supplemental Application and Request for Cash Aid and/or CalFresh)

INSTRUCTIONS:

Fill out this form for a new child in the home and sign the Certification section.
If you need more space, attach another sheet of paper. Use one form for each child.

If you get Cash Aid, and you want aid for the new child, this form must be filled out by the parent or California domestic partner or adult caretaker relative.

For CalFresh households which do not get or want to get Cash Aid, this form must be filled out by an adult household member or authorized representative.

CHILD NEEDS AID DUE TO PARENT'S			
DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT
☐	☒	☐	☐

1. Parent's or Caretaker Relative's Name		Phone ()	
2. Give us all the facts for this child.			
CHILD'S NAME (FIRST, MIDDLE, LAST)		PARENT OR CARETAKER RELATIVE'S NAME	
SOCIAL SECURITY NUMBER	SEX (✓) ☐ M ☐ F	OTHER PARENT'S NAME	
BIRTHPLACE (CITY/STATE/COUNTRY)	BIRTHDATE (MONTH, DAY, YEAR)	BLIND, DEAF, OR DISABLED ☐ YES ☐ NO	
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ CalFresh		CITIZEN/NONCITIZEN STATUS (✓) ☐ Noncitizen: Sponsored ☐ U.S. Citizen/National ☐ YES ☐ NO	
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE		IF CHILD IS UNDER AGE 6, ARE IMMUNIZATION SHOTS UP TO DATE? ☐ YES ☐ NO ☐ Not under age 6	

3. Is the child a foster child?		☐ YES ☐ NO
A. Was the child placed in your home under a dependency order from the court?		☐ YES ☐ NO
B. Do you want the foster child and foster care income counted on the CalFresh case?		☐ YES ☐ NO
C. Is the child enrolled in a health care plan?		☐ YES ☐ NO

4. Did the child get cash aid or CalFresh this month?		☐ YES ☐ NO
If "YES", complete below:		
TYPE OF AID ☐ Cash Aid ☐ CalFresh	WHERE (County, State)	

5. Does the child get or expect to get any income, such as: Earnings, Supplemental Security Income/State Supplementary Payment (SSI/SSP), Social Security Benefits, Child Support, Foster Care Payment, Veterans Benefits, etc. If "YES", complete below:				☐ YES ☐ NO
TYPE OF INCOME	AMOUNT (Before Deductions, if any)	WHEN	HOW OFTEN	
	\$			

Will this income continue? ☐ YES ☐ NO If "NO", explain any known changes:

6. A. Complete below if you want cash aid for this child and the child is between ages 6 to 16. Does he/she attend school regularly?		☐ YES ☐ NO
If "NO", explain why he/she does not attend regularly:		☐ Not Age 6-16

B. Is the child pregnant or a teen parent?		☐ YES ☐ NO
If "YES", Check (✓) status: ☐ Pregnant ☐ Teen Parent		

SCHOOL STATUS, CHECK (✓)		
☐ Has a High School Diploma	☐ Has a GED	☐ Not Attending School (explain):
☐ Currently Attending School	☐ Other (explain):	

C. Has the child received a cash bonus or sanction, or help with child care, transportation, etc. from the Cal-Learn Program?		☐ YES ☐ NO
If "YES", complete below:		

WHERE (COUNTY)	DATE(S) RECEIVED
----------------	------------------

7. Has the parent(s) of this child been in the United States (U.S.) military?		☐ YES ☐ NO
If "YES", complete below:		

NAME OF PARENT	PARENT A U.S. CITIZEN	BRANCH OF SERVICE	DATES OF SERVICE	HONORABLE DISCHARGE
	☐ YES ☐ NO			☐ YES ☐ NO

8. Complete below if you want CalFresh for this child and the child is not a citizen of the U.S.	
--	--

A. How many years total has this child and/or his/her parents lived in the U.S.?	
B. While living in the U.S., in how many of the years did this child and/or the child's parents earn money by working in the U.S.?	
C. While living outside the U.S., how many total years did this child and/or the child's parents work in the U.S. or for a U.S. company?	

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY USE ONLY

CASE NAME			
CASE NUMBER			
WORKER NAME AND NUMBER			
DATE RECEIVED			
AU	Non-AU	MFG Child ☐ Yes ☐ No	CF Non-HH Excl. Member Code:
Work Registration/Exemption Codes: WW: CF:			
VERIF: ☐ SSN ☐ Blind/Deaf/Disabled Citizen ☐ SAVE ☐ Eligible Noncitizen ☐ Immun.			
Alien Reg. No.		D.O.E.	
3A. ☐ Request dependency order			
3B. ☐ CA and FC Elg/CR Chooses: Child: ☐ CA ☐ FC CR: ☐ CA ☐ None ☐ Kin-GAP			
3C. ☐ Medi-Cal ☐ Fee for Service			
☐ Verification provided			
☐ Verification provided			
☐ FC Income Counted on CF Case ☐ YES ☐ NO			
☐ CA Eligible for Higher MAP			
Income		(✓) If exempt	
Unearned	Earned	CA	CF
Verified: ☐ Referred to Cal-Learn Program			
☐ CW 25			
☐ QR 25A			
CW 5		☐ YES ☐ NO	
Date Initiated			
CF: Honorable Discharge		☐ YES ☐ NO	

9. Does the child own any property or have resources, such as: cash, land, bank accounts, trust funds, savings bonds, Native American per capita payments or trust funds, or other items? If "YES", complete below:				☐ YES ☐ NO	COUNTY USE ONLY								
TYPE OF RESOURCE	ACCOUNT/POLICY NUMBER	NAME, ADDRESS OF BANK, ETC.	CURRENT VALUE	☐ Verification provided ☐ CA Restricted Account ☒ Check if exempt ☐ CA ☐ CF									
10. Does the child have Medicare or health insurance, such as Blue Cross, Kaiser, CHAMPUS, etc., which is paid for by a parent or parent's employer? If "YES", list insurance coverage:				☐ YES ☐ NO	☐ Verification provided Health Coverage Code:								
11. Has the child been charged as an adult with a felony, and if so, is the child hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for that felony crime or attempted felony crime?				☐ YES ☐ NO									
12. Has the child been found by a court of law to be in violation of probation or parole?				☐ YES ☐ NO									
13. Has the child been convicted as an adult of a drug-related felony for possession, use, or distribution of a controlled substance(s)? If "YES", give facts for cash aid, for convictions on or after 1/1/98; and for CalFresh, for crimes and convictions after 8/22/96.				☐ YES ☐ NO									
DATE CONVICTED		DATE CRIME COMMITTED											
14. A. If you can get cash aid, eligible members of your family under age 21 may be able to get some health examinations through the Child Health and Disability Prevention Program (CHDP).				<table border="1" style="width: 100px;"> <tr> <th style="font-size: small;">YES</th> <th style="font-size: small;">NO</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	YES	NO							☐ CHDP brochure and explanation given ☐ CHDP Referral Date: ☐ Referred for Immunization. ☐ Other services referral ☐ Pregnant ☐ Parent or Guardian of child under 5 ☐ Breastfeeding ☐ Postpartum ☐ WIC referral ☐ Family Planning info given Date Referred:
YES	NO												
• Do you want more facts about CHDP services?.....													
• Do you want free CHDP medical or dental services?.....													
• Do you need help making appointments or getting to the doctor or dentist?													
B. Do you want more facts about immunization services?													
C. Do you want facts about non-discrimination, alcohol/drug counselling, past medical expenses, and other special needs?.....													
D. Does anyone who is pregnant need to find a doctor, get medical transportation, and/or other help?.....													
E. Is anyone breastfeeding a child? If "YES", was the birth within the last 12 months?													
F. Do you want to get facts or services from a Family Planning Clinic to help you plan your family size and prevent unplanned pregnancies?													

CERTIFICATION

I understand that:

- If I give wrong facts or fail to report all facts or situations on purpose that affect my eligibility and aid payments, I may be fined, jailed/imprisoned, or both. I can be fined up to \$10,000 for cash aid and \$250,000 for CalFresh. I can be sent to jail/prison for up to 3 years for cash aid and 20 years for CalFresh. And benefits for cash aid and CalFresh can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.
- My case can be picked for reviews to prove eligibility; and I must cooperate fully with county, state, and federal personnel in any quality control review.
- The facts I give will be checked out by local, state, and federal personnel.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) for proof of immigration status.
- The facts the county gets from USCIS may affect eligibility for cash aid and CalFresh.
- The facts I give will be checked with tax, welfare, employment agencies, school districts, and the Social Security Administration to prove the child's eligibility for cash aid and/or CalFresh and to prove that I am getting the right amount of cash aid or CalFresh. And the social security number will be matched with law enforcement agency records for arrest warrants.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts is true, correct, and complete.

WHO MUST SIGN THIS FORM: For Cash Aid, you and your aided spouse, Registered Domestic Partner, or the other parent (of cash aided children), if living in the home.
 For CalFresh, an adult household member or authorized representative.

SIGNATURE OF CARETAKER RELATIVE AND/OR ADULT CALFRESH HOUSEHOLD MEMBER OR AUTHORIZED REPRESENTATIVE	DATE
SIGNATURE OF CASH-AIDED SPOUSE OR DOMESTIC PARTNER OR OTHER PARENT (OF CASH-AIDED CHILD) IF LIVING IN THE HOME	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

☐ INELIGIBLE (Reason)				IMMUNIZATION ☐ Informing (CW 101 / TEMP CW 101A) Regs Met: ☐ YES ☐ NO	
☐ ELIGIBLE	Eligibility Conditions Met - Date:	Authorization Date:	Effective Date of Aid:		
Signature of County Worker	Date	Signature of Supervisor		Date	

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COUNTY OF _____

CARETAKER RELATIVE AGREEMENT

The County will use this agreement to decide which adult can get cash aid with the children. This agreement is not meant to change any other custody agreement you have for the children.

We understand that only one Caretaker Relative can get cash aid along with the children.

We agree that _____ is the person who provides the care and control and is the Caretaker Relative for the following children:

NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
/	/	/	/
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
/	/	/	/
NAME	DATE OF BIRTH	NAME	DATE OF BIRTH
/	/	/	/
SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL	
SIGNATURE OR MARK OF APPLICANT	DATE	PRINT NAME IN FULL	
SIGNATURE OF WITNESS TO MARK(S)			

COUNTY USE ONLY

CASE NAME	CASE NUMBER
CASE NAME	CASE NUMBER

This agreement is to be used only when a caretaker relative is to be chosen under MPP 82-808.413(c).

SENIOR PARENT STATEMENT OF FACTS

(Supplement to the SAWS 2)

CASE NAME

CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete form, your cash aid and cash-based Medi-Cal may be changed or stopped.
- If you have questions, ask your worker.

1. Does your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings accounts; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc.?

☐ YES ☐ NO

NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN
		\$	

2. Does your parent(s) support other persons living in the home and claim as Federal tax dependents? If YES, list name of person(s) and relationship.

☐ YES ☐ NO

NAME	RELATIONSHIP	NAME	RELATIONSHIP

3. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If YES, give name of person(s), amount paid and ATTACH proof.

☐ YES ☐ NO

NAME	AMOUNT PAID	NAME	AMOUNT PAID
	\$		\$

4. Does your parent(s) make child and/or spousal support payments for anyone not living in the home? If YES, give name of person(s), amount paid and ATTACH proof.

☐ YES ☐ NO

NAME	AMOUNT PAID	NAME	AMOUNT PAID
	\$		\$

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I get more than \$400 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
- I understand that the facts I report may result in my benefits being denied, lowered or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED

COUNTY USE ONLY

**SENIOR PARENT
STATEMENT OF FACTS**

(Supplement to the SAWS 2)

CASE NAME

CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it. Answer all of the questions about your parent(s) who lives with you.
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- If you have questions, ask your worker.

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NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN		
		\$			
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN		
		\$			
2. Does your parent(s) support other persons living in the home and claim them as Federal tax dependents? If YES, list name of person(s) and relationship.				☐ YES	☐ NO
NAME	RELATIONSHIP	NAME	RELATIONSHIP		
3. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If YES, give name of person(s), amount paid and ATTACH proof.				☐ YES	☐ NO
NAME	AMOUNT PAID	NAME	AMOUNT PAID		
	\$		\$		

CERTIFICATION

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- I understand that the facts I report may result in my benefits being denied, lowered or stopped.
- I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete for the entire report month.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED

COUNTY USE ONLY

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

PAYEE AGREEMENT FOR MINOR PARENT

COUNTY USE ONLY
CASE NAME:
CASE NUMBER:
WORKER NAME:

If you do not return this form by _____
you will not get cash aid.

SECTION A: PREGNANT OR PARENTING MINOR AGREEMENT

I understand that any cash aid I am eligible to get for myself or dependent child(ren) will be paid to my parent, legal guardian, or other adult relative, with whom I live. I give permission to give this agreement to the person named below.

NAME OF PROPOSED PAYEE

RELATIONSHIP

SIGNATURE OF MINOR

DATE

SECTION B: PAYEE RESPONSIBILITIES

The above-named minor has applied for California Work Opportunity and Responsibility to Kids (CalWORKs) for him/herself and/or his/her dependent child(ren). The minor has named you to serve as payee and receive cash aid payments. Payee responsibilities are listed below:

- I understand the payments I get for the person(s) in this case are to be used for their support. If I willfully and knowingly receive or use any part of the payment for any reason other than to support them, state law says I may be prosecuted for committing a misdemeanor.
- I understand that I am responsible to make sure the minor is given all information sent to me by the county for the minor such as annual and semi-annual report forms, notices of action and informing notices. It is the minor's responsibility to complete any necessary forms by the due date.
- I understand that if the minor moves out of my home, I should notify the county within 5 days and any payments received after the minor moves out should be returned to the county.
- I understand that if I do not agree to become the payee it does not affect the eligibility of the minor and/or his/her dependent child(ren).

SECTION C: PAYEE CERTIFICATION

Please check (✓) one of the boxes below:

- ☐ I understand the above facts and agree to act as the payee for the minor listed above.
- ☐ I refuse to act as the payee for the minor listed above.

PROPOSED PAYEE

PHONE NUMBER

DATE

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

APPLICANT TEST

CASE NAME	CASE NUMBER	CASE WORKER NAME	DATE
-----------	-------------	------------------	------

- Determine whose needs to consider in the MBSAC size and select the corresponding MBSAC amount.
- Use a best estimate of countable income from AU members (including penalized AU members), certain non-AU members and sanctioned/excluded members.
- Deduct \$90 from the gross earned income of each family member whose earnings are used on the CW 29.
- Compare the family's total countable income to the MBSAC plus special needs to determine financial eligibility.

MONTH AND YEAR _____

1. NUMBER OF FAMILY MEMBERS WHOSE NEEDS ARE CONSIDERED IN MBSAC	
2. CORRESPONDING MBSAC FOR FAMILY SIZE IN #1 ABOVE	\$
3. RECURRING SPECIAL NEEDS	+
4. TOTAL GROSS INCOME LIMIT	=
5. GROSS EARNINGS COMPUTATION	
a. Gross Earnings (Person 1)	\$
b. Disregard	- 90
c. SUBTOTAL	=
d. Gross Earnings (Person 2)	\$
e. Disregard	- 90
f. SUBTOTAL	=
g. Gross Earnings (Person 3)	\$
h. Disregard	- 90
i. SUBTOTAL	=
j. TOTAL (Line 5c, 5f and 5i)	\$
6. SOCIAL SECURITY BENEFITS	+
7. V.A. BENEFITS	+
8. UIB	+
9. CHILD/SPOUSAL SUPPORT RECEIVED (Less CSSD)	+
10. UA CONTRIBUTION (From CW 71)	+
11. UNEARNED IN-KIND (Total received)	+
12. ALL DISABILITY INCOME	+
13. OTHER (Specify)	+
14. TOTAL COUNTABLE INCOME (Line 5j through Line 13)	=
15. Is total countable income (Line 14) less than the total gross income limit (Line 4)?	
☐ YES; eligible, complete CW 30.	
☐ NO; ineligible.	

SELF-EMPLOYMENT INCOME CALCULATION		
EARNINGS FROM SELF-EMPLOYMENT	PERSON 1 Line 5a	PERSON 2 Line 5d
Gross earnings from self employment	\$	\$
Expenses ☐ Actual ☐ 40%	-	-
Net self-employment income (Include in line 5 for appropriate person)	\$	\$

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CalWORKs BUDGET WORKSHEET

Use the worksheet on the back of the QR 30 to calculate average income for the quarter.

CASE NAME:		CASE NUMBER:		SECTION C: GRANT COMPUTATION																																										
DATA MONTH: _____		PAYMENT QUARTER: _____																																												
☐ STANDARD MAP		☐ EXEMPT MAP																																												
WORKER NAME:																																														
WORKER #:		DATE:		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">18. Maximum Aid Payment for _____ Family Member (A & C).</td> <td style="width: 20%; text-align: right;">\$</td> </tr> <tr> <td> a. Net nonexempt income (enter amount from line 11 or 15).</td> <td style="text-align: right;">-</td> </tr> <tr> <td> b. Special needs other than HA, (A, C, D)</td> <td style="text-align: right;">+</td> </tr> <tr> <td> c. Potential Grant</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>19. Maximum Aid Payment for persons. (A)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td> a. Special Need other than HA (A & D).</td> <td style="text-align: right;">+</td> </tr> <tr> <td> b. Subtotal</td> <td style="text-align: right;">\$</td> </tr> <tr> <td> c. Aid Payment (lesser of 18c or 19b).</td> <td style="text-align: right;">\$</td> </tr> <tr> <td>20. Proration figure</td> <td></td> </tr> <tr> <td> Date: _____</td> <td style="text-align: right;">X</td> </tr> <tr> <td>21. Prorated Aid Payment</td> <td style="text-align: right;">\$</td> </tr> <tr> <td colspan="2">22. Other adjustments imposed upon the AU:</td> <td></td> </tr> <tr> <td> a. Child Support non-co-op (25% of Aid Payment)</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td> b. Overpayment adjustment</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td> c. Other penalties</td> <td></td> <td style="text-align: right;">-</td> </tr> <tr> <td> d. School bonus</td> <td></td> <td style="text-align: right;">+</td> </tr> <tr> <td colspan="2">23. Adjusted Aid Payment</td> <td style="text-align: right;">\$</td> </tr> </table>			18. Maximum Aid Payment for _____ Family Member (A & C).	\$	a. Net nonexempt income (enter amount from line 11 or 15).	-	b. Special needs other than HA, (A, C, D)	+	c. Potential Grant	\$	19. Maximum Aid Payment for persons. (A)	\$	a. Special Need other than HA (A & D).	+	b. Subtotal	\$	c. Aid Payment (lesser of 18c or 19b).	\$	20. Proration figure		Date: _____	X	21. Prorated Aid Payment	\$	22. Other adjustments imposed upon the AU:			a. Child Support non-co-op (25% of Aid Payment)		-	b. Overpayment adjustment		-	c. Other penalties		-	d. School bonus		+	23. Adjusted Aid Payment		\$
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Check (✓) One																																														
(A) AU (non MFG and non-penalized)	(B) Penalized AU	(C) non-AU (if income received at child's non child)	(D) MFG	(E) SANCTIONED																																										
NAME																																														

SECTION A: DISABILITY BASED INCOME (DBI)

1. Total Average DBI of A, B, C, D, E	\$
2. Minus \$225 DBI disregard (If #1 is \$225 or more) or	-
3. Minus DBI disregard (If #1 is less than \$225)	-
4. DBI Remainder (#1 - #2)	-
5. Unused DBI disregard (\$225 - #3)	-

SECTION B: EARNED INCOME (EI)

1. Average monthly earnings from Self-Employment of A, B, C, D, E	\$
2. Minus Self-Employment expenses Actual ☐ or 40% ☐	-
3. Subtotal	=
4. Other EI of A, B, C, D, E, (From income worksheet)	\$
5. Total Gross EI (#3 + #4)	=
6. Unused DBI Disregard (Section A, #5 or \$112, whichever is less)	-
7. Subtotal	=
8. 50% EI Disregard (#7 divided by 2)	=
9. Subtotal: Net Nonexempt Income (#7 - #8)	=
10. Nonexempt DBI (Section A, #4)	+
11. Other Nonexempt Income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D)	+
12. Subtotal: Net Nonexempt Income for grant computation (#9 + #10 + #11)	\$
13. Child/Spousal Support for A, B (but not C, D, E)	=
14. Minus child/spousal support disregard (up to \$50)	-
15. Total Countable child/spousal support (#13 - #14)	=
16. Value of Income in Kind	=
17. Total Net Nonexempt Income (#12 + #15 + #16)	\$
18. MAP for A & C + special needs for A, C, D	=
19. Family meets recipient test if #17 is less than #18 If yes, then continue with Grant Computation	☐ YES ☐ NO

SECTION D: BUDGET RECOMPUTATION

24. Actual Cash Aid Paid	\$
a. Adjusted Aid Payment (amount from line 23).	\$
b. Subtotal	=
25. Overpayment Amount (line 24b)	\$
26. Underpayment if line 23 is greater than line 24.	\$

MONTH 1: _____

QR INCOME WORKSHEET

CASE NAME: _____

CASE NUMBER: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses

**BI-WEEKLY = 2.167, WEEKLY = 4.33

***See MPP 44-115

MONTH 2: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses

**BI-WEEKLY = 2.167, WEEKLY = 4.33

***See MPP 44-115

MONTH 3: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY	CONVERSION FACTOR *	AVERAGE	INCOME IN KIND***	TOTALS

*Deduct either 40% or Actual expenses

**BI-WEEKLY = 2.167, WEEKLY = 4.33

***See MPP 44-115

	MONTH 1	MONTH 2	MONTH 3	QUARTER TOTAL	DIVIDE BY	AVERAGE MONTHLY GROSS INCOME
DBI						DBI =
U						U =
E						E =

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

CalWORKs BUDGET WORKSHEET

Use the worksheet on the back of the CW 30 to calculate income for the payment period.

CASE NAME:		CASE NUMBER:		SECTION B: GRANT COMPUTATION																																											
DATA MONTH: _____		PAYMENT PERIOD: _____		18. Maximum Aid Payment for _____																																											
☐ STANDARD MAP		☐ EXEMPT MAP		a. Net nonexempt income (enter amount from line 11 or 15).																																											
WORKER NAME:				b. Special needs other than HA, (A, C, D)																																											
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					NAME	Check (✓) One																																									
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SECTION A: RECIPIENT FINANCIAL ELIGIBILITY AND NET NON-EXEMPT INCOME COMPUTATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>1. Total disability-based unearned income of A, B, C, D, E.</td> <td>\$</td> </tr> <tr> <td>2. Minus \$225 disability-based income disregard.</td> <td>-225</td> </tr> <tr> <td>3. Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).</td> <td>=</td> </tr> <tr> <td>4. Gross averaged earned income of A, B, C, D, E. (From income worksheet)</td> <td>\$</td> </tr> <tr> <td>5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3).</td> <td>-</td> </tr> <tr> <td>6. Subtotal earned income (line 4 minus line 5).</td> <td>=</td> </tr> <tr> <td>7. 50% earned income disregard. (Total on line 6 divided by 2).</td> <td>-</td> </tr> <tr> <td>8. Subtotal net nonexempt earned income. (Line 6 minus line 7).</td> <td>=</td> </tr> <tr> <td>9. Nonexempt disability-based unearned income. (Enter positive amount from line 3).</td> <td>+</td> </tr> <tr> <td>10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D).</td> <td>+</td> </tr> <tr> <td>11. Total net nonexempt income for grant computation (line 8 + 9 + 10)</td> <td>=</td> </tr> <tr> <td>12. Child/Spousal support for A, B, (not C, D, E).</td> <td>\$</td> </tr> <tr> <td>13. Minus child/spousal support disregard (up to \$50 per AU).</td> <td>-</td> </tr> <tr> <td>14. Total countable child/spousal support</td> <td>=</td> </tr> <tr> <td>15. Total net nonexempt income for recipient test (line 11 + 14).</td> <td>=</td> </tr> <tr> <td>16. MAP for A & C + special needs for A, C, D.</td> <td>\$</td> </tr> <tr> <td>17. Family meets recipient test (If line 15 is less than line 16). If Yes, continue with grant computation.</td> <td>☐ Yes ☐ No</td> </tr> </tbody> </table>				1. Total disability-based unearned income of A, B, C, D, E.	\$	2. Minus \$225 disability-based income disregard.	-225	3. Subtotal nonexempt disability-based income. (If positive amount, enter amount on line 9. If negative amount, enter amount on line 5).	=	4. Gross averaged earned income of A, B, C, D, E. (From income worksheet)	\$	5. Remainder of \$225 income disregard, if any. (Enter negative amount from line 3).	-	6. Subtotal earned income (line 4 minus line 5).	=	7. 50% earned income disregard. (Total on line 6 divided by 2).	-	8. Subtotal net nonexempt earned income. (Line 6 minus line 7).	=	9. Nonexempt disability-based unearned income. (Enter positive amount from line 3).	+	10. Other nonexempt income of A, B, C, D, E including child/spousal support for C, E (but not A, B, D).	+	11. Total net nonexempt income for grant computation (line 8 + 9 + 10)	=	12. Child/Spousal support for A, B, (not C, D, E).	\$	13. Minus child/spousal support disregard (up to \$50 per AU).	-	14. Total countable child/spousal support	=	15. Total net nonexempt income for recipient test (line 11 + 14).	=	16. MAP for A & C + special needs for A, C, D.	\$	17. Family meets recipient test (If line 15 is less than line 16). If Yes, continue with grant computation.	☐ Yes ☐ No	20. Proration figure Date: _____									
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SECTION C: BUDGET RECOMPUTATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td>24. Actual Cash Aid Paid</td> <td>\$</td> </tr> <tr> <td>a. Adjusted Aid Payment (amount from line 23).</td> <td>\$</td> </tr> <tr> <td>b. Subtotal</td> <td>=</td> </tr> <tr> <td>25. Overpayment Amount (line 24b)</td> <td>\$</td> </tr> <tr> <td>26. Underpayment If line 23 is greater than line 24.</td> <td>\$</td> </tr> </tbody> </table>				24. Actual Cash Aid Paid	\$	a. Adjusted Aid Payment (amount from line 23).	\$	b. Subtotal	=	25. Overpayment Amount (line 24b)	\$	26. Underpayment If line 23 is greater than line 24.	\$	22. Other adjustments imposed upon the AU:																																	
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b. Overpayment adjustment			-																																												
c. Cal-Learn penalties			-																																												
d. Cal-Learn bonus			+																																												
23. Adjusted Aid Payment				\$																																											

CW INCOME WORKSHEET

MONTH OF: _____

CASE NAME: _____

CASE NUMBER: _____

PERSON #	DBI, U or E	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	TOTAL	MINUS SELF - EMPLOYMENT EXPENSES*	DIVIDE BY**	CONVERSION FACTOR ***	MONTHLY AMOUNT	INCOME IN KIND ****	TOTALS

* Deduct either 40% or Actual expenses

** Divide by number of payments in the month

*** BI-Weekly = x 2.167, Weekly = x 4.33

**** See MPP 44-115

MONTHLY INCOME:

	MONTH OF	MONTHLY GROSS INCOME*
DBI		DBI =
U		U =
E		E =

*Apply the disregards to each type of monthly gross income to calculate the total net, non-exempt income for the month. Use that amount to calculate the grant for each month of the payment period unless a change in actual or anticipated income is reported.

STATE OF CALIFORNIA — HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

Important Information

- If you have no place to stay or have received a pay rent or quit notice from your landlord, you may be able to get Homeless Assistance payments once in a lifetime, unless your homelessness is due to an exception. To get Homeless Assistance, you cannot have more than \$100 in resources and you must either be eligible for CalWORKs or appear to be eligible for CalWORKs.
- Exceptions to the once-in-a-lifetime rule are homelessness due to: domestic violence, physical or mental illness, or uninhabitability of the home. These exceptions are limited to once every 12 months. Homelessness that is directly caused by a State or Federal declared natural disaster is also an exception.
- If you received a pay rent or quit notice you may be able to get Homeless Assistance payments for up to two months of back rent.
- If you have no place to stay, you must be looking for permanent housing to get Homeless Assistance for Temporary Shelter (TS). If you find someplace to live, you may get money for permanent housing.
- You may get TS payments for up to 16 days in a row. The first day starts when you get the first TS payment. If you stay anywhere for free, or somewhere other than a shelter or business which rents rooms, you can't get a TS payment, but the days count as part of the 16 days.
- To get TS payments you must rent from a person or place that is in the business of renting property.
- At the end of the 16 days, TS will stop. You will never be able to get TS again, unless you have an exception, even if you have not used up all the TS benefits.
- You will be asked to prove that your payments were spent on shelter. If you can't, future payments will go to a shelter, landlord or others for you.

Instructions: Print all answers in ink. If you need help, ask your worker.

Instructions: Print all answers in ink. If you need help, ask your worker.				COUNTY USE ONLY					
1. Name of Caretaker Relative (first, middle, last)				DATE RECEIVED					
Message Phone	A	Social Security Number - -	B	Date of Birth Mo. Day Yr.	C	CO	Aid Code	Case Number	AU
2. What is your current or last address? Number, Street City State Zip				D	Case Name (Last, First)				
3. Do you get Cash Aid? If "YES," in which county:				E					
4. Did you get Homeless Assistance from any county at any time? If "YES," complete: Which county: When:				F					
5. Does anyone in your home get income from a job or training program or any other source? If "YES," list all income and who gets it below:				☐ YES ☐ NO					
6. List all liquid resources you own (include cash, checks, savings or checking accounts, credit union accounts, etc.). List each item and give its value.				☐ YES ☐ NO					
7. If you get Homeless Assistance, you may have the payment made out to you or given directly to a shelter, landlord or other for you. Check (✓) below to tell us how you want the payment made: ☐ To Yourself ☐ To a Landlord ☐ To a Shelter ☐ Other (explain):				☐ YES ☐ NO					
If you do not have a permanent home, fill out questions 8 through 12. If you are asking for back rent, skip to questions 13 through 17.									
8. Explain where you are staying now.									
9. How long have you been there?									
10. Do you pay for staying there? If "YES," how much?									
11. Explain why you have no place to live.									
12. Are you seeking permanent housing? Explain:									
				☐ YES ☐ NO					

Worker: _____

Total resource value: _____

13. What day did you get a pay rent or quit notice?

14. How many months of back rent do you owe?

15. How much is your monthly rent?

16. Why didn't you pay your rent?

17. Why is your Landlord evicting you?

CERTIFICATION

I understand that:

- Homeless Assistance Temporary Shelter (TS) and Permanent Housing (PH) payments are limited to once in a lifetime, unless I have a verified exception.
- There is a limit on how much Homeless Assistance I can get.
- I am required to give my Social Security Number, which will be used to check identity and verify that I am not getting aid in more than one case, one county, or one state.

I understand that I must provide proof that:

- I am homeless; or I have received a notice to pay rent or quit.
- I am homeless due to an exception, if I have already gotten homeless assistance.
- I used the TS payment for housing, and that if I cannot, I must have my homeless assistance payments made out or given to a shelter, landlord or to others for me.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained on this Statement of Facts - Homeless Assistance is true and correct.

SIGNATURE OF CARETAKER RELATIVE

DATE

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

REFERRAL TO LOCAL CHILD SUPPORT AGENCY (LCSA) (Complete one form for each Noncustodial Parent or Alleged Father)

DATE OF REFERRAL

☐ TO LCSA REPRESENTATIVE

CASE NAME

AID TYPE/CASE NUMBER

☐ FROM CWD REPRESENTATIVE

CW #

PHONE

APPLICANT/RECIPIENT NAME (LAST, FIRST, MIDDLE)

RELATIONSHIP TO CHILD(REN)

MINOR PARENT'S NAME (IF DIFFERENT FROM APPLICANT/RECIPIENT)

A. This case is referred to you because:

- ☐ Action is necessary to obtain:
☐ financial support ☐ medical support ☐ paternity
☐ Recipient is receiving direct support payments. Action needed to transfer payments to county.
☐ Good Cause has been (see CW 51 attached):
☐ claimed ☐ granted ☐ denied
☐ Other (see comments)

B. The following information applies to this case:

- ☐ CA 2.1(Q) Questionnaire is attached.
☐ Noncustodial parent has health insurance coverage. A copy of the DHS 6155 is attached.
☐ Medi-Cal eligibility has not been determined.
☐ Previously sanctioned/penalized; now agrees to cooperate/assign support rights.
☐ Child no longer resides with recipient.
☐ Medi-Cal Only
☐ CS 909, Declaration of Paternity, is attached.
☐ Other (see comments)
☐ Lamb Case (minor parent not eligible as a dependent child: Family Code 4000)

C. Applicant/recipient has not agreed to:

- ☐ Assign:
☐ financial support rights ☐ medical support rights
☐ Cooperate in:
☐ obtaining financial support ☐ obtaining medical support and/or
☐ establishing paternity
☐ Forward support payments.

D. Penalty/Sanction

- ☐ Penalty has been applied due to non-cooperation.
☐ Sanction has been applied for refusal to assign rights.

☐ TO CWD REPRESENTATIVE

CW #

☐ FROM LCSA REPRESENTATIVE

PHONE

E. TYPE OF APPLICATION

- ☐ NEW ☐ REAPPLICATION ☐ ADD A CHILD ☐ ICT ☐ RENEWAL

NONCUSTODIAL PARENT'S OR ALLEGED FATHER'S NAME

CHILD SUPPORT FILE NUMBER

CHILD'S NAME

DATE OF BIRTH

☐ MFG RULE APPLIES

CHILD'S NAME

DATE OF BIRTH

☐ MFG RULE APPLIES

CHILD'S NAME

DATE OF BIRTH

☐ MFG RULE APPLIES

CHILD'S NAME

DATE OF BIRTH

☐ MFG RULE APPLIES

F. ☐ APPLICANT PREVIOUSLY RECEIVED AID

SPECIFY TYPE: ☐ CASH AID ☐ MEDI-CAL ONLY ☐ TMC

PLACE (CITY, COUNTY, STATE)

DATE LAST RECEIVED

G. ☐ INTER-COUNTY TRANSFER/INTERSTATE TRANSFER

FROM (COUNTY/STATE)

PRIOR COUNTY'S CHILD SUPPORT FILE NUMBER (IF KNOWN)

H. ☐ CASH AID

APPROVAL DATE

ONGOING CASH AID AMOUNT

\$

DISCONTINUANCE DATE

REASON/CODE FOR DISCONTINUANCE

I. ☐ MEDI-CAL ONLY

DATE MEDI-CAL BEGINS/CONTINUES

DATE DISCONTINUED

REASON FOR DISCONTINUANCE

- ☐ Applicant/recipient has cooperated with the law.
☐ Applicant/recipient has not cooperated with the law:
☐ Did not appear and/or provide verbal, written or documentary information
☐ Rescheduled appointment on _____ ☐ kept ☐ failed
☐ Refuses to appear as a witness at court or other hearing
☐ Refuses to transmit child support payment(s) received directly from the noncustodial parent
☐ Other (see comments)
☐ This is a notice of renewed cooperation.
☐ Paternity ☐ has ☐ has not been established.
☐ Support order established.
☐ CS 909, Declaration of Paternity, is attached.
☐ Other (see comments)

Comments:

REMINDER FOR TEENS TURNING 18 YEARS OLD

Give this notice right away to your child who will be turning 18 years old within the next 60 days.

If you are 18 years old and don't have children and/or are not pregnant

You can still get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

Call your county worker right away if you think you meet any of these situations. If you are eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county.

If you are 18 years old and have a child of your own and/or are pregnant

1. You can continue to get cash aid as part of your parent/caretaker's case after your 18th birthday ONLY if you:

- Are a full-time student in high school, or in a vocational or technical training program, and are expected to finish school/program before reaching 19 years old, or
- Are a full-time student in high school, or in a vocational or technical training program, and have been or are considered disabled, and meet the disability criteria pursuant to the CalWORKs regulations, or
- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.

- OR -

2. You can choose to start your own case. Call your county worker right away if you want to start your own case. Here are some things you need to know before starting your own case:

- You do NOT have to move out of your parent/caretaker's home to be in your own case.
- Your time limits for getting cash aid will start.
- As the head of your case, YOU must report all changes to your county worker each Quarter.
- If you start your own case, your parent or caretaker may get less cash aid or if you are the only child their cash aid may be stopped.
- As of July 1, 2011, if you are pregnant and don't have other children, you will not be able to get cash aid until your third trimester. If you were granted cash aid prior to your third trimester before July 1, 2011, you will be eligible to continue to receive aid.
- If the Maximum Family Grant (MFG) rule was applied to your child while you were a dependent minor parent, your child can be counted in your cash aid payment when you are in your own case.

If you are under your own case or are a part of your parent/caretaker's case, to be eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county. If you have questions about whether you should start your own case, call the county welfare office or local legal services office.

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- Are a foster child living with an approved relative and are completing high school or an equivalency program, enrolling in post-secondary or vocational school, participating in a program or activity that promotes or removes barriers to employment, employed at least 80 hours per month, or unable to participate in school or employment due to a documented medical condition.
- If you are 18 years old and pregnant, and don't have other children, you may be able to get cash aid once your pregnancy is verified, if you are not otherwise eligible for the Cal-Learn program.

- OR -

2. You can choose to start your own case. Call your county worker right away if you want to start your own case. Here are some things you need to know before starting your own case:

- You do NOT have to move out of your parent/caretaker's home to be in your own case.
- Your time limits for getting cash aid will start.
- As the head of your case, YOU must report all changes to your county worker.
- If you start your own case, your parent or caretaker may get less cash aid or if you are the only child their cash aid may be stopped.
- If you are 18 years old and pregnant, and don't have other children, you may be able to get cash aid once your pregnancy is verified, if you are not otherwise eligible for the Cal-Learn program.
- If the Maximum Family Grant (MFG) rule was applied to your child while you were a dependent minor parent, your child can be counted in your cash aid payment when you are in your own case.

If you are under your own case or are a part of your parent/caretaker's case, to be eligible to stay on cash aid, you may need to have a fingerprint and photo image taken by the county. If you have questions about whether you should start your own case, call the county welfare office or local legal services office.

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

REPORTING CHANGES FOR CASH AID AND FOOD STAMPS

CASE NAME:

CASE NUMBER:

WORKER:

WORKER NUMBER:

If you receive Cash Aid, what you MUST report even when it is not your report month.

Anytime your family's combined gross monthly income, both earned and unearned, is more than the Income Reporting Threshold (IRT) for your family size, you must report this information to the County within ten (10) days. You can report this information to the County by calling your worker or reporting it in writing.

Your family size is _____ your IRT is \$ _____.

The County will let you know each time your IRT changes.

Gross income means the amount of your income before any deductions, such as taxes, Social Security and retirement contributions, overpayment collections, wage garnishments or attachments, etc.

Failure to report when your income is more than the IRT limit for your family's size may result in your benefits being overpaid. Any overpaid benefits caused by your failure to report **MUST** be repaid. You may also be subject to fraud charges/penalties if you do not report required information to the County.

How to figure your family's gross income.

Each month, add all of your family's income both earned and unearned (wages or earnings, salary, disability income, unemployment, public benefits, etc.). If the total is more than the amount shown on this letter, you must report this income to the County. Families that only have unearned income or that only get Food Stamps will not be required to report income except on the Quarterly Report form.

If you receive Cash Aid, you MUST also report this information even when it is not your report month.

- Anyone in your household who has been convicted of a drug-related felony for possession, use or distribution of a controlled substance(s), has become a fleeing felon or is in violation of a condition of probation or parole and you have not already reported it.
- Anytime you have an address change, you must report your new address to the County.

If you receive Food Stamps, you MUST report this information even when it is not your report month.

- If you are an Able Bodied Adult Without Dependents (ABAWD) Food Stamp recipient, you must report anytime the number of hours you work or are in training drop to less than 20 hours a week or 80 hours a month.
- Anytime you have an address change, you must report your new address to the County.

Voluntarily reporting information

You may report changes to the County anytime you think the change will result in your Cash Aid or Food Stamp benefits going up. For example.

- Your income stops or goes down;
- Someone who has income has moved out of your home;
- Someone moves into your home and has no income;
- Your minor child becomes pregnant and is eligible for Cal-Learn services;
- CalWORKs special needs that you or someone in your household may have such as, pregnancy special needs, a special diet prescribed by a doctor, etc;
- The birth of a child;
- For Food Stamps: Anyone in your household who is disabled or age 60 or older may report new medical costs that are not currently being used to figure your Food Stamp benefits.

At anytime, you can also ask the County to discontinue your entire case or any individual person who leaves the home or is not required to be in the assistance unit. You can also ask the County to stop other benefits, such as: Medi-Cal or Food Stamps. Receiving Medi-Cal and/or Food Stamps only will not count against your Cash Aid time limits.

R E P E A L

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

REPORTING CHANGES FOR CASH AID AND CALFRESH

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get Cash Aid or CalFresh (formerly called Food Stamps), you must report within 10 days when your **TOTAL** income reaches a certain level. You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	
Your current income is \$	
Your IRT is \$	

How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned and unearned).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you may get more benefits than you should. You must repay any extra benefits you get based on income you do not report. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime.

If you get Cash Aid, you **MUST ALSO** report the things below **within 10 days** of when they happen:

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
2. Anytime someone joins, or is in your household, who is in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law.
4. Anytime you have an address change.

If you get CalFresh, you **MUST ALSO** report the things below **within 10 days** of when they happen:

1. Anytime you have an address change.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report any time your work or training hours drop to *less* than 20 hours a week or 80 hours a month.

Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

**REPORTING CHANGES FOR CASH AID
AND CALFRESH**

CASE NAME:	
CASE NUMBER:	
WORKER NUMBER:	

Because you get Cash Aid or CalFresh (formerly called Food Stamps), you must report within 10 days when your **TOTAL** income reaches a certain level. You must report anytime your household's total monthly income is more than your current Income Reporting Threshold (IRT).

Your family size is	
Your current income is \$	
Your IRT is \$	

How to report?

If your total income is over the IRT amount listed above, you must report this to the County **within 10 days**. You can report this information to the County by calling the county or reporting it in writing.

By "total monthly income" we mean:

- ⇒ Any money you get (both earned and unearned).
- ⇒ The amount *before* any deductions are taken out. (Examples of deductions are: taxes, Social Security or other retirement contributions, garnishments, etc.)

What will happen?

- ⇒ Your benefits may be lowered or stopped based on income over your IRT.
- ⇒ Your IRT may change when your income changes or when someone moves in or out of your home.
- ⇒ The County will let you know in writing each time your IRT changes.
- ⇒ You also need to report on your SAR 7 all income you get during the Report Month, even if you already reported that money.

Penalty for not reporting

If you do not report when your income is more than your household's IRT limit you might get more benefits than you should. You **must** repay any extra benefits you get. If you do not report on purpose to try to get more benefits, this is fraud, and you may be charged with a crime and/or may no longer get CalFresh for a period of time or life.

If you get Cash Aid, you **MUST ALSO** report the things below **within 10 days** of when they happen:

1. Anytime someone joins, or is in your household, who has a conviction for a drug related felony *that was not reported before*.
2. Anytime someone joins, or is in your household, who has been found by a court of law to be in violation of a condition of probation or parole.
3. Anytime someone joins, or is in your household, who is running from the law (has a warrant out for their arrest).
4. Anytime you have an address change.

If you get CalFresh, you **MUST ALSO** report the things below **within 10 days** of when they happen:

1. Income over your IRT.
2. If you are an Able Bodied Adult Without Dependents (ABAWD), you must report anytime your work or training hours drop to *less* than 20 hours a week or 80 hours a month.

Voluntarily reporting information

You may also voluntarily report changes to the County anytime. *Reporting some changes may get you more benefits.* For example:

- Your income stops or goes down.
- Someone with income moves out of your home.
- Someone without income moves into your home.
- Someone in the house becomes pregnant.
- Someone on cash aid has a special need, such as: a pregnancy, a special diet prescribed by a doctor, household emergency, etc.
- The birth of a child.
- For CalFresh, if someone disabled or age 60 or older has new or higher out of pocket medical costs.

Note: Some changes you report voluntarily may result in a decrease in your CalFresh benefits.

MID-QUARTER STATUS REPORT

For Cash Aid and Food Stamps

RECIPIENT'S NAME:	CASE NUMBER (IF KNOWN):
-------------------	-------------------------

Use this form to report mandatory or voluntary changes that have occurred since your last Quarterly Report (QR 7/SAWS QR 7).

If you are reporting income information, please provide proof, such as, pay stubs; copies of checks; letters from agencies, etc.

If you are reporting changes in expenses, please provide proof, such as, receipts; canceled checks, paid invoices; etc.

If you are reporting an address change, please provide proof of expenses such as, a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you receive Cash Aid, report the information marked CA. If you receive Food Stamps, report the information marked FS. The change of address and voluntary information sections are for all households/assistance units.

CA ☐ My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CA ☐ Someone in my household is a convicted drug felon.
Name of person _____
Date of felony conviction _____

CA ☐ Someone in my household is running from the law to avoid a felony conviction; running from the law, to avoid custody or confinement after a felony conviction; or is in violation of probation or parole.
Name of person _____

CA/FS ☐ I have moved, changed my phone number or have a new mailing address.
New home address _____
New mailing address (if different from your home address) _____
New phone number (_____) _____

☐ I receive free rent at this new address.

☐ My rent amount is \$ _____ per month.

☐ I share the rent (explain)

☐ I receive free utilities at this new address.

☐ My utilities are \$ _____ per month.

I have: ☐ Heating ☐ Cooling
☐ Water ☐ Sewer
☐ Garbage ☐ Telephone
☐ Other

See other side

MANDATORY INFORMATION - continued

FS ☐ Complete this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs):

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. And, I may be charged with committing a felony if more than \$400 in cash aid and/or food stamps is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

For Cash Aid: you, your aided spouse or CA Domestic Partner and the other parent (of cash aided children) if living in the home.

For Food Stamps: the head of household, household member or the household's authorized representative.

Signature or Mark		Date Signed	Home Phone	Contact Phone
Signature of Spouse or CA Domestic Partner or other Parent of Cash Aided Children		Date Signed	Signature of Witness to Mark, interpreter or other person completing form	

MID-PERIOD STATUS REPORT

For Cash Aid and CalFresh

RECIPIENT'S NAME: _____	CASE NUMBER (IF KNOWN): _____
-------------------------	-------------------------------

Use this form to report mandatory or voluntary changes that have occurred since you last reported.

If you are reporting income information, please provide proof, such as: pay stubs; copies of checks; letters from agencies; etc.

If you are reporting changes in expenses, please provide proof, such as: receipts; canceled checks; paid invoices; etc.

If you are reporting an address change, please provide proof of expenses such as: a copy of your new rental agreement or lease; rent receipt for your new address; copies of utility deposits; etc.

MANDATORY INFORMATION

If you get Cash Aid, report the information marked CA. If you get CalFresh, report the information marked CF. Sections marked CA/CF are for all households/assistance units.

CA/CF ☐ My combined household income is more than the limit for my household size.
In the month of _____, the total combined income for my household is \$ _____.

CA ☐ Someone in my household was convicted of a felony drug charge.
Name of person _____
Date of felony conviction _____

CA ☐ Someone in my household is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime.
Name of person _____

CA ☐ Someone in my household has been found by a court of law to be in violation of probation or parole.
Name of person _____

CA ☐ I have moved, changed my phone number or have a new mailing address.
New home address _____

New mailing address (if different from your home address) _____

New phone number (_____) _____

☐ I get free rent at this new address.

☐ My rent amount is \$ _____ per month.

☐ I share the rent; my share is \$ _____.

☐ I became homeless.

☐ I get free utilities at this new address.

☐ My utilities are \$ _____ per month.

I have: ☐ Heating ☐ Cooling

☐ Water ☐ Sewer

☐ Garbage ☐ Telephone

☐ Other

See other side

MANDATORY INFORMATION - continued

CF ☐ Fill out this section to report reduced work or training hours for Able-Bodied Adults without Dependents (ABAWDs). (ABAWDs are adults between 19 and 50 who are not caring for minor children.)

The number of hours worked or in training dropped below 20 hours a week or 80 hours a month to _____ hours per week or _____ hours per month.

Name of person(s) _____

Relationship to you _____

Explain what happened _____

Date of change _____

VOLUNTARY INFORMATION (All households/Assistance Units)

I would like to report the following information:

CERTIFICATION

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be charged with a crime. And, I may be charged with committing a felony if more than \$950 in cash aid and/or CalFresh is wrongly paid out.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:

For Cash Aid: you and your aided spouse, Registered Domestic Partner, or the other parent (of cash aided children), if living in the home.
For CalFresh: the head of household, household member or the household's authorized representative.

Signature or Mark		Date Signed	Home Phone	Contact Phone
Signature of Spouse, Registered Domestic Partner or other Parent of Cash Aided Children		Date Signed	Signature of Witness to Mark, Interpreter or other person completing form	

ELIGIBILITY/STATUS REPORT



PLEASE SIGN THE FORM AFTER _____ SUBMIT MONTH _____ 1ST AND RETURN IT BY THE 5TH OF THE MONTH.

NEED HELP? CALL YOUR WORKER.

Worker Name: _____

Worker Phone: _____

BAR CODE: _____

Please Stop My Benefits For: ☐ Cash Aid ☐ Food Stamps ☐ Medi-Cal at the end of this month. Sign and date the last page. Return the form to your worker. You can reapply at any time.

PART 1: Please tell us what happened in

REPORT MONTH

YEAR

1. Did you or anyone get any income or money from any source this MONTH? If "YES", list below and ATTACH PROOF.

☐ YES ☐ NO

Earnings: Babysitting, interest or dividends, rental income, salary, self-employment, sick pay, tips, vacation pay, etc. **Any Government Benefits:** State Disability Indemnity (SDI), Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), other government disability or retirement, rental assistance, unemployment, veteran's retirement, Worker's Compensation (UIB), etc. **Other Benefits:** Child/spousal support, insurance or legal settlements, other private disability or retirement, railroad retirement, strike benefits, etc. **Other:** Cash, gifts, loans, scholarships, etc. **Income In-Kind:** Such as earned housing, free housing/utilities/clothing/food, etc.

Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					
Who got the income?	From?	Gross amount	\$	\$	\$	\$	\$
		Date received					

1a. Number of hours worked or in training in this MONTH:

Who worked?	Where?	Total Hours	Who worked?	Where?	Total Hours
Who trained?	Where?	Total Hours	Who trained?	Where?	Total Hours

1b. If the income or money reported above will change in the next three months after the SUBMIT MONTH, please explain and ATTACH PROOF.

Name of person	Source of income or money	Why will it change?	How much will you get?		
			First Month	Second Month	Third Month
			\$	\$	\$
			\$	\$	\$

Questions 2, 3, 4, and 5 may help you get more Food Stamps

2. Medical Costs: Did anyone who gets Food Stamps and is disabled or 60 years or older pay medical costs? If "YES", list the amount paid below and ATTACH PROOF of payment.

☐ YES ☐ NO

Who paid?	Who gets care?	Amount
		\$

3. Dependent Care: Did anyone who gets Food Stamps pay for the care of a child, disabled person, or other dependent while working, seeking work, or attending school or training? If "YES", list the amount paid below and ATTACH PROOF of payment.

☐ YES ☐ NO

Who paid?	Who gets care?	Amount
		\$

COUNTY USE SECTION

4. Child Support: Did anyone who gets Food Stamps pay court-ordered child support? ☐ YES ☐ NO
If "YES", list the amount paid below and ATTACH PROOF of payment.

Who paid?	Amount \$	Who paid?	Amount \$
-----------	-----------	-----------	-----------

5. If the information in Question 2, 3, or 4 will change in the next three months after the SUBMIT MONTH, check the box(es) below, please explain and ATTACH PROOF.

	Who pays?	Amount \$	Who gets care?	What changed?	When will it change?
Medical Costs ☐					
Dependent Care ☐					
Court-Ordered Child Support ☐			For whom?	Attach new court order	

PART 2: What Has Happened SINCE Your Last Report?

6. Did anyone get, buy, sell, trade, or give away any property (land, home, cars, bank accounts, money payments (such as: lottery or casino winnings, retroactive social security, tax refunds), other)? If "YES", list all items below and ATTACH PROOF. ☐ YES ☐ NO

Who owns, sold, traded, or gave away?	Type of Property	When?	Value \$	☐ Bought ☐ Sold ☐ Won ☐ Gift Received ☐ Traded ☐ Gave Away
---------------------------------------	------------------	-------	----------	---

Checking Account ☐ Opened ☐ Closed Balance \$ Savings Account ☐ Opened ☐ Closed Balance \$

7. Has anyone moved into or out of your home, or did you move in with someone else? ☐ YES ☐ NO
If "YES", complete below.

Full name of person	Relationship to you.	Moved In or out?	When?

8. Has anyone in your family been convicted of a drug related felony for possession, use, or distribution; avoiding or running from any felony prosecution, custody, or confinement; or in violation of probation or parole? ☐ YES ☐ NO

If "YES", name: _____ Where convicted? _____ Date of conviction: _____

9. Have any of the following or any other changes happened to anyone in your home? ☐ YES ☐ NO
If "YES", check the box(es) below and ATTACH PROOF.

- ☐ Family Change (Married, divorced, separated, registered a California Domestic Partnership (DP), have a non-California DP, ended a DP, became pregnant, had a baby, or no longer pregnant?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Work (Started or stopped working, refused a job or training, number of hours worked or in training went up or down, or went out on strike?)
- ☐ Immigration (Citizenship or immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Supportive Services (Started or stopped getting services?)
- ☐ School Attendance
 - For Cash Aid Only - Student age 6 - 18 stopped or started attending school regularly?
 - Age 16 or older student started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)

☐ Other

If you checked "YES" for any of these, please fill out below. Attach a separate sheet of paper if needed:

Name of person(s)	Relationship to you	What happened?	When

ADDRESS CHANGE

Fill in this section ONLY if you have moved or have a new mailing address. If you are getting Food Stamps, you may be asked to provide proof of your new shelter costs.

NEW Home Address (Number, Street Name, Avenue, Blvd., Etc.) Apt. No	City	State	Zip Code	New Phone Number ()

Date Moved	NEW Mailing Address (If different from Home Address)	City	State	Zip Code

Do you have housing costs at this new address?

☐ YES ☐ NO If yes, how much? \$ _____

Do you have to pay heating/cooling costs separate from your housing cost?

☐ YES ☐ NO If yes, how much? \$ _____

CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$400 in Cash Aid, and/or Food Stamps is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and Food Stamps.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH THIS REPORT IS FOR OR IT WILL BE CONSIDERED INCOMPLETE. I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW: For Cash Aid: you and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home. For Food Stamps: the head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE ()	CONTACT/CELL PHONE ()

SIGNATURE OF SPOUSE, DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

REPORT MONTH



ELIGIBILITY STATUS REPORT

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT BY _____ 5th

SUBMIT MONTH

SUBMIT MONTH

CASE NUMBER HERE _____

NEED HELP? (County Specific Instructions w/county url)

Worker Name: _____

Worker Phone: _____

[DIST. ID HERE]

County: _____

Street address: _____

City, State, Zip Code _____

BAR CODE: _____

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh
☐ STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? ☐ Yes ☐ No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
☐ In ☐ Out / /		/ /		☐ YES ☐ NO
☐ In ☐ Out / /		/ /		☐ YES ☐ NO
☐ In ☐ Out / /		/ /		☐ YES ☐ NO

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If Yes, complete the section below)

New Address: _____ Date Moved: _____

Mailing Address (if different than above) _____

3. If you have moved or have new/changed housing costs since you last reported please fill out the section below:

Your rent or mortgage per month now?
\$ _____

If paid separately, your property taxes and home insurance per month now?
\$ _____

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs

4. Is anyone in your home:

A. A felon whose conviction was drug-related?

B. Running from the law?

C. In violation of probation or parole?

☐ Yes ☐ No (If Yes, complete the section below)

Name Of Person	A, B, or C From Above	Where Did The Arrest Or Conviction Happen?	Date of Arrest And/Or Conviction

5. Medical Costs: Did anyone who gets CalFresh and is 60 years old or older, or disabled, have a change in medical costs?

☐ Yes ☐ No (If Yes, complete the section below)

Who had the change?

Amount:
\$ _____

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? ☐ Yes ☐ No If Yes, what was the amount paid in the Report Month? \$ _____

Who paid support? _____

If Yes, Attach proof.

7. Dependent or Child Care: Did anyone who gets CalFresh and either works, is looking for work, or is going to school have a change in dependent care or child care costs since they last reported?

☐ Yes ☐ No If Yes, what was the amount paid in the Report Month? \$ _____

Who paid? _____ List child/children: _____

8. Did anyone: Get, buy sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

☐ Yes ☐ No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	☐ Bought ☐ Sold ☐ Gave Away ☐ Spent
				☐ Got as a gift ☐ Traded ☐ Won ☐ Other

9. Did anyone get income from employment in the Report Month? ☐ Yes ☐ No (If Yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here ☐	Self-employed, check here ☐	Self-employed, check here ☐
How often paid:	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly
Gross amount they got, list here:	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$	\$ \$ \$ \$ \$ \$
Hours worked per month:			
Will this income continue?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO

Will there be any changes to your job or income in the next six months? Examples: Stopping, starting, increase or decrease of income, changes in hours, quitting a job or going on strike, change in how often you are paid. ☐ Yes ☐ No (If Yes, explain): Use a separate piece of paper if needed.

10. Did anyone get money from any other source in the Report Month? ☐ Yes ☐ No (If Yes, complete the section below and attach proof.) The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of Income	One-time payment or monthly	How much
			\$
			\$
			\$

Will there be any changes to this income in the next six months? ☐ Yes ☐ No

Explain here:

11. Have any of the following happened to anyone in your home since you last reported? ☐ Yes ☐ No

(If yes, check below and attach proof):

- ☐ Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- ☐ Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Immigration (Citizenship or Immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Support Services (Started or stopped getting services?)
- ☐ School Attendance
 - *For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?
 - *For Age 16 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ Someone paid for all of my housing, food, clothing or utility costs. (please explain) _____
- ☐ Other _____

Please read carefully, sign, and date.

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000, I may have to pay back benefits if I was not eligible to them, the first time I break the rules on purpose I will not be able to get CalFresh for one year, the second time two years, and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

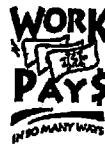
CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the Eligibility/Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE. I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW:	For Cash Aid: You and your aided spouse, domestic partner, and the other parent (of cash-aided children) if living in the home.			
	For CalFresh: The head of household, a responsible household member, or the household's authorized representative.			
SIGNATURE OR MARK	DATE SIGNED	HOME PHONE	CONTACT/CELL PHONE	
		()	()	
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM		DATE SIGNED

SAR 7 ELIGIBILITY STATUS REPORT



REPORT MONTH _____

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE SIGN THE FORM AFTER _____ 1st AND RETURN IT BY _____ 5th

SUBMIT MONTH SUBMIT MONTH

CASE NUMBER HERE _____

NEED HELP? (County Specific Instructions w/county url)

Worker Name: _____

Worker Phone: _____

(DIST. ID HERE)

County: _____

Street address: _____

City, State, Zip Code _____

BAR CODE: _____

Check the box if you would like to STOP getting any of the following: ☐ STOP my CalWORKs ☐ STOP my CalFresh
☐ STOP my Medi-Cal

1. Has anyone moved into or out of your home (including newborns) or did you move in with someone else since you last reported? ☐ Yes ☐ No (If Yes, complete the section below)

Date of Move (mm/dd/yy)	Name (First, Middle, Last)	Date of Birth	Relationship To You	Regularly Purchase And Prepare Food Together?
☐ In ☐ Out / /		/ /		☐ YES ☐ NO
☐ In ☐ Out / /		/ /		☐ YES ☐ NO
☐ In ☐ Out / /		/ /		☐ YES ☐ NO

2. Have there been any changes to your address since you last reported? ☐ Yes ☐ No (If Yes, complete the section below)

New Address: _____ Date Moved: _____

Mailing Address (if different than above) _____

3. If you have moved since you last reported please fill out the section below:

Your rent or mortgage per month now?

\$ _____

If paid separately, your property taxes and home insurance per month now?

\$ _____

Do you have utility costs that are not included in your rent or mortgage payment? If so, check which ones:

☐ Phone ☐ Trash ☐ Water ☐ Electric/Gas ☐ Other heating or cooling costs

4. CalWORKs only: Is anyone in your home:
A. A felon whose conviction was drug-related?
B. Running from an outstanding warrant?
C. Found by a court to be in violation of probation or parole?
☐ Yes ☐ No (If Yes, complete the section below)

Name of person	A, B, or C from above	Where did the arrest or conviction happen?	Date of arrest and/or conviction

5. Medical Costs: If anyone who gets CalFresh and is 60 years old or older, or disabled, had an increase in medical costs please complete the section below:

Who had the change?

Amount:

\$ _____

6. Child Support: Did anyone who gets CalFresh have a change in the amount of child support they have to pay since they last reported? ☐ Yes ☐ No If Yes, what was the amount paid in the Report Month? \$ _____

Who paid support? _____

If Yes, Attach proof.

7. Dependent or Child Care: If anyone who gets CalFresh and either works, is looking for work, or is going to school, had an increase in dependent care or child care costs since they last reported, please complete the section below and attach proof:
What was the amount paid in the Report Month? \$ _____

Who paid: _____ List child/children: _____

8. Did anyone: Get, buy, sell, trade or give away any property, land, homes, cars, bank accounts, money, payments (such as lottery/casino winnings, prior social security), or other property items since last reported?

☐ Yes ☐ No (If Yes, complete the section below. If you need more space, attach a separate piece of paper).

Who?	Type of Property?	When?	Amount:	☐ Bought ☐ Sold ☐ Gave Away ☐ Spent
				☐ Got as a gift ☐ Traded ☐ Won ☐ Other

9. Did anyone get income from employment in the Report Month? ☐ Yes ☐ No (If Yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. List each job for each person who works. If you need more space attach a separate piece of paper. Examples include babysitting, salary, self-employment, sick pay, tips, etc.

	Job #1	Job #2	Job #3
Name of person who got income:			
Source of income:	Self-employed, check here ☐	Self-employed, check here ☐	Self-employed, check here ☐
How often paid:	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly	☐ Weekly ☐ Biweekly ☐ Other ☐ Monthly ☐ Twice monthly
Gross amount of income they got in the report month:	\$ DATE RECEIVED:	\$ DATE RECEIVED:	\$ DATE RECEIVED:
Hours worked per month:			

Will there be any changes to your job or income in the next six months? Examples: Stopping or starting a job; increase or decrease of income; changes in hours; quitting a job or going on strike; change in how often you are paid. ☐ Yes ☐ No (If Yes, explain): Use a separate piece of paper if needed:

10. Did anyone get money from any other source in the Report Month? ☐ Yes ☐ No (If Yes, complete the section below and attach proof). The Report Month is listed at the top of the first page. Examples include: Social Security, Unemployment Compensation, Veteran's Benefits, State Disability Insurance (SDI), Child/Spousal Support, Worker's Compensation, Loans/Gifts, Earned/Unearned Housing, Utilities, Food, etc.

Name	Source of income	One time payment or monthly	How much
			\$
			\$
			\$

Will there be any changes to this income in the next six months? ☐ Yes ☐ No
Explain here:

11. CalWORKs only: Have any of the following happened to anyone in your home since you last reported? ☐ Yes ☐ No (If yes, check below and attach proof):

- ☐ Family Change (Married, divorced, separated, entered into a California Registered Domestic Partnership (RDP), have a non-California Domestic Partnership (DP), ended a DP or RDP, became pregnant, or is no longer pregnant?)
- ☐ Job/Employment (Start, stop, quit a job, started a business or went on strike?)
- ☐ Disability (Became disabled or recovered from a disability or major illness?)
- ☐ Immigration (Citizenship or Immigration status change, or got a new card, form, or letter from USCIS (INS)?)
- ☐ Insurance (Started, stopped, or changed health, dental, or life insurance benefits, including MEDICARE?)
- ☐ Custody (Any change in the amount of time you care for/have custody of your children?)
- ☐ In-Home Support Services (Started or stopped getting services?)
- ☐ School Attendance
 - *For Cash Aid Only- Student age 6-18 stopped or started attending school regularly?
 - *For Age 18 or older student- started or stopped school/college? (You may be able to claim costs for books, school transportation, etc.)
- ☐ Someone paid for all of my housing, food, clothing or utility costs. (please explain) _____
- ☐ Other _____

Please read carefully, sign, and date

By signing this form:

- I understand and certify, under penalty of perjury, that all my answers on this report are correct and complete to the best of my knowledge.
- I understand the penalties for fraud are as follows: I may be sent to prison for up to 20 years and fined up to \$250,000. I may have to pay back benefits if I was not eligible to them. The first time I break the rules on purpose I will not be able to get CalFresh for one year; the second time two years; and after the third time I will not be able to get CalFresh again.
- I understand and agree to give copies of all documents needed to complete my semi-annual report.
- I understand that in some instances, I may be asked to give consent to the County to make whatever contacts are necessary to determine eligibility.

CERTIFICATION - FRAUD WARNING

I UNDERSTAND THAT: If on purpose I do not report all facts or give wrong facts about my income, property, or family status to get or keep getting aid or benefits, I can be legally prosecuted. I may also be charged with committing a felony if more than \$950 in Cash Aid, and/or CalFresh is wrongly paid out as a result of such an action. I have received a copy of the Instructions and Penalties for the SAR 7 Eligibility Status Report for Cash Aid and CalFresh.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE REPORT MONTH OR IT WILL BE CONSIDERED INCOMPLETE.

I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and complete.

WHO MUST SIGN BELOW: For Cash Aid: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children) if living in the home. For CalFresh: The head of household, a responsible household member, or the household's authorized representative.

SIGNATURE OR MARK	DATE SIGNED	HOME PHONE	CONTACT/CELL PHONE
		()	()
SIGNATURE OF SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT OF CASH AIDED CHILD(REN)	DATE SIGNED	SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE SIGNED

HOW TO FILL OUT YOUR QR 7 QUARTERLY ELIGIBILITY/STATUS REPORT

For Cash Aid and Food Stamps

- Save this notice to help you fill out your QR 7 (Quarterly Eligibility/Status Report) if you need help filling out your report, tell your worker.
- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Changes that may affect your eligibility for Cash Aid or Food Stamps that you are required to report, must be reported within 10 days.
- Facts you report may result in your benefits going up, down, or being stopped.



INSTRUCTIONS

HOW OFTEN YOU MUST COMPLETE THE QR 7

For Cash Aid and Food Stamps you must turn in a complete QR 7 once every quarter (every three months). The County will tell you when you are supposed to turn in your completed QR 7.

REPORTING FOR PEOPLE WHO ARE LIVING IN YOUR HOME

If your family gets Cash Aid (no Food Stamps), report facts for:

- All children-natural, adopted, and stepchildren.
- All parents-natural, adoptive, and stepparent.
- Other aided relatives of the child.
- Yourself and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home.

If your family gets Cash Aid and Food Stamps you must also report facts for:

- All related adults.
- Others who buy and prepare food with you.

If your family gets Food Stamps only, you must report facts for:

- All children.
- All related adults.
- Others who buy and prepare food with you.

REQUEST TO STOP BENEFITS

- If you ask to have your Cash Aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost of it.
- On the QR 7, complete the request to stop benefits section only if you want to stop any of your benefits. Check the benefits you want stopped and sign and date the QR 7. If you only want to stop some of your benefits and keep others, you must fill out the rest of the QR 7.
- You can also request to stop your benefits by calling your worker.

FACTS YOU MUST REPORT FOR EACH QUESTION

Part 1: Questions 1 (except for question 1b) through 4 are about what happened in the report month.

Question number:

- ① Any earnings, training allowances, or other money anyone got. Such as wages, vacation pay, cash bonuses, In-Home Supportive Services (IHSS) pay, child or spousal support; Social Security; Supplemental Security Income/State Supplementary payment (SSI/SSP); Unemployment/Disability Insurance; worker's compensation; any other type of disability or retirement; lottery winnings; insurance or legal settlements; rental income or assistance; free housing/utilities/clothing/food; or anything else. List the name of the person(s) who got the money, where they got the money from, the date the person(s) actually got the money, and the gross amount they got (this means the amount before any taxes or deductions). Attach proof such as, check stubs, copies of checks or statements from the employer, award letters from the agency you got the money from, etc. If self-employed, and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof such as, receipts or paid invoices, etc. If you want to figure your business costs by using the standard 40 percent deduction of your verified income, you do not need to list your business expenses.

- 1e List the name of anyone who worked or trained, where, and the total hours for the month.

- 1b Any income or money you expect will change in the next three months after the submit month. List the name of the person whose income or money will change, the source, why it will change, and the total gross amount for each month. Attach proof.

- ② If anyone who gets Food Stamps and is disabled or 60 years or older paid medical costs, list the name of the person who paid it, who got the medical care, and the amount they paid. Attach proof of payment.

- ③ If anyone who gets Food Stamps paid for the care of a child, disabled person, or other dependent while working, looking for work, or while they were in school or training during the report month, list the name of the person who paid it, who received the care, and the amount they paid. Attach proof of payment.

- ④ If anyone who gets Food Stamps paid court-ordered child support, list the name of the person who paid it and the amount they paid. Attach proof of payment.

- ⑤ If the expenses in Questions 2, 3, and 4 will change in the next three months after the submit month, list the medical expenses for someone who is age 60 or older; child/dependent care; and child support. List the name of the person who paid it, the amount they paid, who received the care or the child who got the support, what changed, and when will it change. Attach proof of payment.

Part 2: Questions 6 through 9 are about what has happened since your last quarterly report.

- ⑥ Anyone who got, bought, sold, trade, or gave away any of the following property: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds), etc. List who owns or owned the property, the type of property, when it changed, the value of the property, and what happened. Attach proof.

- ⑦ Anyone who moved into or out of your home or if you moved in with someone else. This includes: newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including a penal institution), etc. List the name of the person who moved in or who you moved in with, their relationship to you, what happened, and the date it happened.

- ⑧ Anyone in your home who has been convicted of a drug-related felony for possession, use, or distribution of a controlled substance(s) or who is avoiding or running from the law to avoid felony prosecution, custody, or confinement or is in violation of probation or parole. List the name of the person, where they were convicted, and date they were convicted. If you have previously reported the information to the County on a past quarterly report, you do not need to report the same information each quarter.

- ⑨ Other facts that could change your eligibility or the amount of your benefits: marriage, divorce, separation, a California Domestic Partnership (DP), other state DP, ended a DP, became pregnant, had a baby, no longer pregnant; became disabled or recovered from a disability/major illness; starting or stopped working, refused a job or training, hours worked or trained changed, went on strike; citizenship or immigration status changed or got new documentation from USCIS; started, stopped, or changed health, MEDICARE, dental, or life insurance benefits; any change in time of care or custody of your children; started or stopped getting In-Home Supportive Services; student ages 6 - 18 stopped or started attending school regularly; student ages 16 or older stopped or started attending school/college.

SEE OTHER SIDE FOR MORE INFORMATION

ADDRESS CHANGE

Give us the facts about any changes in your address or phone number. If you are getting Food Stamps you may be asked to give proof of new housing costs like rent and utilities. If your housing costs increased because of the move be sure to list the new amounts.

WHO MUST SIGN THE QR 7

- **For Cash Aid:** You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren) if they live in your home.
- **For Food Stamps:** The head of household, an adult household member or the household's Authorized Representative.
- **And:** Any other person who fills out the report, an interpreter or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

AVOIDING OR RUNNING FROM THE LAW TO AVOID PROSECUTION, CUSTODY OR CONFINEMENT: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that the law was looking for them.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids) and Refugee Cash Assistance.

CONTROLLED SUBSTANCE: Any drug whose availability is restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

COMPLETE QR 7: A QR 7 is "complete" only when:

- All of the YES/NO questions are answered, and
- All of the information is filled in, and
- All of the proof is attached when the form asks for it, and
- All of the required signatures are on the form, and
- The form is signed and dated after the last day of the report month.

COURT ORDERED CHILD SUPPORT: The payment a legal document or court of law says you must make to a person for a child who is not in your home. Include payments made by a stepparent.

GROSS AMOUNT: The amount of your paycheck before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: Probation or parole was revoked or an arrest warrant was issued. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown in Part 1 of the QR 7.

SUBMIT MONTH: The month shown in the header at the top of the QR 7.

CERTIFICATION SECTION

- You must sign the QR 7 "under penalty of perjury." This means that you swear under oath that the facts you give us are true, correct and complete.
- Perjury and fraud are crimes punishable by law.

PENALTIES FOR CASH AID WELFARE FRAUD: If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.00; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR FOOD STAMP FRAUD: If you purposely do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- If you are found guilty in any court of law or administrative hearing because:
- You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
- You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
- You gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

DO NOT FORGET:

- If your report is late, not complete or not turned in, your benefits may be late, changed or stopped.
- If your report is not complete when you turn it in, you will be asked to complete it again.
- If you sign and date your report before the last day of the report month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, ask your worker.
- If your Cash Aid stops, you may still be eligible for Food Stamp benefits even if you are now employed.
- If your Cash Aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

HOW TO FILL OUT YOUR SAR 7 SEMI-ANNUAL ELIGIBILITY/STATUS REPORT

For Cash Aid and CalFresh (Food Stamp) Benefits

Save this form to help you fill out your SAR 7 (Semi-Annual Eligibility/Status Report). If you need help filling out your report, call the County.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**



INSTRUCTIONS

How Often You Must Complete the SAR 7

Once a year; (6 months after your application/annual renewal). The County will tell you when your SAR 7 is due.

Reporting For People Who Are Living In Your Home

If your family gets **cash aid**, report facts for:

- All children-natural, adopted, and stepchildren.
- All parents-natural, adoptive, and stepparent.
- Other aided relatives in the child's case.
- Yourself and your spouse or registered domestic partner.
- Anyone who is temporarily absent from the home.

If your family gets **CalFresh** (with or without cash aid) you must also report facts for:

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

Asking To Stop Benefits

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

HOW TO FILL OUT EACH QUESTION

Household Information (Question 1)

List any changes in who lives with you, changes to your address (including changes in apartment numbers) and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from your home; anyone who died, entered or left a hospital or institution (including jail or prison), etc.

Address Change/Housing Costs (Questions 2 and 3)

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

Convictions, Fleeing and Parole/Probation Violations (Question 4)

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, is running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

Expenses (CalFresh Information) (Questions 5, 6 and 7)

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

Property (Question 8)

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money, payments (lottery or casino winnings, retroactive social security, tax refunds), etc. Include gifts and loans. List whose property, the type of property, when it changed and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

Employment Income (Question 9)

List **all** income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment Income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks or statements from the employer, etc. or tax statements for self-employed.

Other Income (Question 10)

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement Income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/ clothing/food (or if someone paid all of these cost for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income include but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

Any other changes (Question 11)

List other things that could change your eligibility or the amount of your benefits. **Examples** of changes you should report are listed on the SAR 7.

SEE OTHER SIDE FOR MORE INFORMATION

WHO MUST SIGN THE SAR 7

- For **Cash Aid**: You and your aided spouse, registered domestic partner, and the other parent of the aided child(ren), if they live in your home.
- For **CalFresh**: The head of household, authorized representative, or responsible household member.
- And for **Both**: Any other person who helps fill out the report, an interpreter or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

ACTIVELY SEEKING TO ENFORCE A FELONY WARRANT:

There is a felony warrant out for the person, and law enforcement is trying to carry out the arrest. For out of state/county, this means they are trying to return you to or bring you back to another state/county.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Emergency Cash Assistance (ECA).

CHILD SUPPORT PAYMENT: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

COMPLETE SAR 7: A SAR 7 is "complete" only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

CONTROLLED SUBSTANCE: Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

DRUG RELATED FELONY:

A drug-related felony means a conviction for possession, use, manufacturing, or distribution of a controlled substance(s).

FLEEING:

"Fleeing" means law enforcement is actively seeking the person to enforce a felony warrant.

GROSS AMOUNT: The amount of your paycheck or other check (Unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

SUBMIT MONTH: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the title "Eligibility Status Report."

CERTIFICATION SECTION

- You must sign the SAR 7 "under penalty of perjury." This means that you swear (promise) that the facts you give us are true, correct and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

REMEMBER:

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the county**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

WELFARE FRAUD:

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

PENALTIES FOR CASH AID WELFARE FRAUD: If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or forever for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony welfare fraud: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and forever for amounts of \$5,000 or more.
- **Forever**: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

PENALTIES FOR CalFresh FRAUD:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

Your CalFresh can be stopped if you are found guilty in any court of law or administrative hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation.
- You traded or sold CalFresh benefits for controlled substances, your CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever.
- You gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

SEE OTHER SIDE FOR MORE INFORMATION

HOW TO FILL OUT YOUR SAR 7 ELIGIBILITY STATUS REPORT**For Cash Aid and CalFresh (formerly known as Food Stamp) Benefits**

Save this form to help you fill out your SAR 7 (Eligibility Status Report). If you need help filling out your report, call the County.

- If you do not send in a complete report, your benefits may be delayed, changed, or stopped, or cause an overpayment that you will have to pay back. You must answer all the questions, and attach proof when we ask for it.
- **Attach a separate sheet of paper if needed.**
- **Facts you report may cause your benefits to go up, down, or be stopped.**

**INSTRUCTIONS****How Often You Must Complete the SAR 7**

Once a year; (6 months after your application/annual renewal). The County will tell you when your SAR 7 is due.

Reporting For People Who Are Living In Your Home

If your family gets **cash aid**, report facts for:

- All **children**-natural, adopted, and stepchildren.
- All **parents**-natural, adoptive, and stepparent.
- Other **aided relatives** in the child's case.
- **Yourself** and your **spouse** or **registered domestic partner**.
- Anyone who is **temporarily absent** from the home.

If your family gets **CalFresh** (with or without cash aid) you must also report facts for:

- All children.
- All related adults.
- All other people in the household who regularly buy and prepare food with you.

Asking To Stop Benefits

- On the SAR 7, fill out the section to stop benefits **only** if you want to stop any of your benefits. Check the benefits you want stopped, and sign and date the SAR 7. *If you only want to stop some of your benefits and keep others, you must fill out the rest of the SAR 7.*
- You can also stop your benefits by contacting the County.
- If you ask to have your cash aid stopped, your Medi-Cal may also be stopped or changed. You may not be eligible for Medi-Cal or you may have to pay a share of cost for it.

HOW TO FILL OUT EACH QUESTION**Household Information (Question 1)**

List any changes in who lives with you, changes to your address (including changes in apartment number, and changes in housing costs since you last reported. This includes: newborns; people who are temporarily absent from the home; anyone who dies, entered or left a hospital or institution (including jail or prison), etc.

Address Change/Housing Costs (Questions 2 and 3)

Give us the facts about any changes in your address or phone number since you last reported. If you are getting CalFresh, you may be asked to give proof of new housing costs like rent and utilities. If your costs have increased because of the move, be sure to list the new amounts. This may increase your CalFresh benefits.

Convictions, Fleeing and Parole/Probation Violations (Question 4)

This question applies to anyone already living with you who had any of these happen since you last reported. It is ALSO for anyone who moved into your household who may have a drug felony conviction, who is running from the law or in violation of parole/probation. We need the person's name, the place, and date of the arrest/conviction.

If you reported the information to the County before, you do not need to report the same information.

Expenses (CalFresh Information) (Questions 5, 6 and 7)

These questions may change your CalFresh benefits. This information may lower the income we count and increase your benefits. For people age 60 and older or who are disabled, report any changes to your out of pocket medical costs. For any CalFresh household, report changes to your costs for child or adult dependent care needed for work or training. If you pay child support, report any changes in the amount paid. **Attach proof to see if you can get more benefits.**

Property (Question 8)

List anyone who got, bought, sold, traded, spent or gave away any property. Property includes: land, home, cars, bank accounts, money payments (lottery or casino winnings, retroactive social security, tax refunds, etc). Include gifts and loans. List whose property, the type of property, when it changed, and the value of the property ("amount" on the form). Check the box for what happened. **Attach proof.**

If you have already reported and provided proof of new property, you do not have to report it again unless there has been a change.

Employment Income (Question 9)

List **all** income from employment (work) – earnings, tips, training allowances, benefits, or other earnings anyone got in the report month. List the amount before taxes or deductions (the gross amount). **Attach proof.**

- **Employment Income** includes but is not limited to paychecks, cash income, vacation pay, bonuses, money from self-employment, temporary job or training income, rental income, IHSS, etc.
- If **self-employed**, you can get a 40% deduction for expenses without proof. If your expenses are higher and you want to claim actual expenses, list all business expenses on a separate sheet of paper. Attach proof if using actual expenses.

We need to know if you think the income will continue or if you know it will change. If your income will stay the same we will use the amount you report as your income for the next 6 months. If you know your income will change, tell us why, how much and when it will change. If you aren't sure, you can also report the change when it happens. For example, if you were offered a job and know your hourly wage and schedule, you must report this even if you haven't started working or been paid yet. Also, if you are working on-call or have a schedule that changes a lot, write this information on your SAR 7 form.

Proof of income includes but is not limited to: check stubs, copies of checks or statements from the employer etc., or tax statements for self-employed.

Other Income (Question 10)

List **all** other income from any other source. **Attach proof.**

- **Disability or Retirement income** includes SSI, Social Security, Veteran's disability benefits, worker's compensation or any other disability/retirement payments.
- **Unemployment benefits**
- **Other:** lottery winnings; insurance or legal settlements; gifts or loans; rental assistance; free housing/utilities/clothing/food (or if someone paid all of these costs for you); or anything else.

List (1) who got the income, (2) where they got the money from, and (3) the amount they got. Tell us if you think the income will continue or if you know it will change. If you know it will change, tell us when it will change and how much.

Proof of other types of income includes but is not limited to: check stubs, copies of the checks, award letters from the agency you got the money from, etc.

Any other changes (Question 11)

List other things that could change your eligibility or the amount of your benefits. Examples of changes you should report are listed on the SAR 7.

SEE OTHER SIDE FOR MORE INFORMATION

WHO MUST SIGN THE SAR 7

- For **Cash Aid**: You and your aided spouse, registered domestic partner, or the other parent (of cash-aided children), if they live in your home.
- For **CalFresh**: The head of household, authorized representative, or responsible household member.
- **And for Both**: Any other person who helps fill out the report, an interpreter, or the witness to your mark.

WHAT WE MEAN WHEN WE SAY

RUNNING FROM THE LAW: A person is considered avoiding or running from the law if an arrest warrant has been issued and the person knew or should have known from the facts that law enforcement was looking for them.

CASH AID: CalWORKs (California Work Opportunity and Responsibility to Kids), Refugee Cash Assistance (RCA), Trafficking and Crime Victim Assistance Program (TCVAP), and Entrant Cash Assistance (ECA).

CHILD SUPPORT PAYMENT: The payment you must make to a person for your child or stepchild. Include payments made by a stepparent living in your home.

COMPLETE SAR 7: A SAR 7 is "complete" only when:

- All of the YES/NO questions are answered, *and*
- All of the information is filled in, *and*
- All of the proof is attached when the form asks for it, *and*
- All of the required signatures are on the form, *and*
- The form is signed and dated after the last day of the report month.

CONTROLLED SUBSTANCE: Any drug restricted by federal or state law, including but not limited to, narcotics, stimulants, depressants, hallucinogens and marijuana.

DRUG RELATED FELONY:

A drug-related felony means a conviction for possession, use, manufacturing, or distribution of a controlled substance(s).

GROSS AMOUNT: The amount of your paycheck or other check (unemployment benefit, retirement, etc.), before deductions are taken out for taxes, social security, etc.

IN VIOLATION OF PROBATION OR PAROLE: A court has found you to be in violation of the terms of your probation or parole. The original crime for which probation or parole was ordered could be for a felony or misdemeanor.

REPORT MONTH: The month shown at the top of the SAR 7. Report all income you got and any changes that happened in this month.

SUBMIT MONTH: The month you sign and date the report and turn it in. The submit month is shown at the top of the SAR 7, under the report month.

CERTIFICATION SECTION

- You must sign the SAR 7 "under penalty of perjury." This means that you swear (promise) that the facts you give us are true, correct, and complete.
- Perjury is a crime – it means you swore (promised) to tell the truth and then you were dishonest.

REMEMBER:

- The report is due by the 5th of the submit month. Try to get it in on time to avoid problems with your benefits.
- If your report is late (after the 11th of the submit month), not complete or not turned in, your benefits may be late, changed, or stopped.
- If the County gets your report too late in the month to decrease your benefits based on what you reported, you may be charged with an overpayment and have to pay it back.
- If your report is not complete when you turn it in, you will be asked to complete the questions you did not answer and/or turn in the proof that the report asked for. Your benefits may be late.
- If you sign and date your report before the first day of the submit month, you will be asked to sign and date it again.
- If you are not sure how to report, what to report or what proof you need to send in, **ask the County**.
- If your cash aid stops, you may still be eligible for CalFresh benefits even if you are now employed.
- If your cash aid stops, you may still be eligible for no-cost or low-cost health coverage under Medi-Cal.

WELFARE FRAUD:

- Welfare fraud is when you fail to report information, or report the wrong information, on purpose in order to try to get more benefits.
- Fraud is a crime.

PENALTIES FOR CASH AID WELFARE FRAUD: If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, you may lose your share of the cash aid. How long you will lose it depends on what the crime was and whether you had committed fraud before. You may also have to pay a fine up to \$10,000 and/or be sent to jail or prison for up to 3 years.

Your cash aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first time, 12 months for the second time, or **forever** for the third.
- For turning in more than one application to get aid for the same family members in a different case in the same time period: 2 years for the first conviction, 4 years for the second, and **forever** for the third.
- For conviction of felony welfare fraud penalties are: 2 years for extra benefits under \$2,000; 5 years for amounts of \$2,000 through \$4,999; and **forever** for amounts of \$5,000 or more.
- **Forever**: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; intentionally (on purpose) giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court or an administrative hearing.

PENALTIES FOR CalFresh FRAUD:

If you are convicted of fraud or if you are disqualified for intentionally (on purpose) not reporting your eligibility information correctly, your CalFresh can be stopped for 12 months for the first violation, 24 months for the second, and **forever** for the third. You may be fined up to \$250,000 and/or sent to jail or prison for 20 years.

Your CalFresh can be stopped if you are found guilty in any court of law or administrative hearing because:

- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped **forever** for the first violation.
- You traded or sold CalFresh benefits for controlled substances. Your CalFresh benefits can be stopped for 24 months for the first violation and **forever** for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more. Your CalFresh benefits can be stopped **forever**.
- You gave the county false identity or residence information, to try to get CalFresh benefits in more than one case at the same time. Your CalFresh benefits can be stopped for 10 years.

SEE OTHER SIDE FOR MORE INFORMATION

INSTRUCTIONS AND PENALTIES ELIGIBILITY/STATUS REPORT

For Cash Aid and Food Stamps

Need Help? Call your worker.

- If you do not send in a complete report including, but not limited to, answering all questions on the QR 7/SAWS QR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or be stopped.
- Send in your completed report by the 5th of the month after the report month.

Examples

Income	• Wages • Vacation pay • Child/spousal support • Insurance or legal settlements • Rental income and rental assistance • Any government benefits • State Disability Indemnity	• Self-Employment • Tips • Interest or dividends • Strike benefits • Tax refunds • Unemployment • Social Security • Supplemental Security Income/State Supplementary Payment (SSI/SSP)	• Salary • Income In-Kind, such as earned housing, free housing/utilities/clothing/food • Gambling/Lottery winnings • Cash, gifts, loans, scholarships • Other private or government disability or retirement • Workers Compensation • Veterans or Railroad retirement
Property	• Motor vehicles • EBT balance • Home	• Checking • Savings Bonds • Land	• Savings • Life insurance policies • Trusts
Housing Costs	• Rent • Utilities	• Mortgage • Homeowners insurance	• Property taxes • Garbage/trash collection fees
Expenses	• Medical expenses • Health insurance premiums • Child/dependent Care	• College tuition & supplies • Mandatory school fees • Child/spousal support	• Transportation • Room & Board • Housing costs

Penalties

PENALTIES FOR CASH AID FRAUD: If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR FOOD STAMP FRAUD: If on purpose you do not follow Food Stamp rules, your Food Stamps can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- If you are found guilty in any court of law or administrative hearing because:
- You traded or sold Food Stamps for firearms, ammunition, or explosives, your Food Stamps can be stopped forever for the first violation.
- You traded or sold Food Stamps for controlled substances, your Food Stamps can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold Food Stamps that were worth \$500 or more, your Food Stamps can be stopped forever.
- You gave the county false identify or residence information, so you can get Food Stamps in more than one case at the same time, your Food Stamps can be stopped for 10 years.

INSTRUCTIONS AND PENALTIES SAR 7 ELIGIBILITY STATUS REPORT

For Cash Aid and CalFresh

Need Help? Call the County.

- If you do not send in a complete report including, but not limited to, answering all questions on the SAR 7 and attaching proof when we ask for it, your benefits may be delayed, changed, or stopped. **Attach a separate sheet of paper if needed.**
- Facts you report may result in your benefits going up, down, or being stopped.
- Send in your completed report by the 5th of the month after the report month. It is late after the 11th.

Examples

Income	• Wages • Vacation pay • In-Home Supportive Services (IHSS) • Child/spousal support • Insurance or legal settlements • Rental Income and rental assistance • Any government benefits • State Disability Indemnity	• Self-Employment • Tips • Interest or dividends • Strike benefits • Tax refunds • Unemployment • Social Security • Supplemental Security Income/State Supplementary Payment (SSI/SSP)	• Salary • Income In-Kind, such as earned housing, free housing/utilities/clothing/food • Gambling/Lottery winnings • Cash, gifts, loans, scholarships • Other private or government disability or retirement • Workers Compensation • Veterans or Railroad retirement
Property	• Motor vehicles • EBT cash aid balance • Home	• Checking • Savings Bonds • Land	• Savings • Life insurance policies • Trusts
Housing Costs	• Rent • Utilities	• Mortgage • Homeowners insurance	• Property taxes • Garbage/trash collection fees
Expenses	• Medical expenses • Health insurance premiums • Child/dependent Care	• College tuition & supplies • Mandatory school fees • Child/spousal support	• Transportation • Room & Board • Housing costs

Gross income means the amount you get before deductions are taken out (Examples of deductions are: Taxes, Social Security or other retirement contributions, health care plan premiums, garnishments, etc.).

Penalties

PENALTIES FOR CASH AID FRAUD: If on purpose you do not follow Cash Aid rules, your Cash Aid can be lowered for a period of time and you may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.

Your Cash Aid can be stopped:

- For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second offense, or forever for the third.
- For submitting one or more application to get aid in more than one case for the same time period: 2 years for the first conviction, 4 years for the second, and forever for the third.
- For conviction of felony fraud to get aid: 2 years for theft of amounts under \$2,000; 5 years for amounts of \$2,000 through \$4,999.99; and forever for amounts of \$5,000 or more.
- Forever: for giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county wrong facts for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing.

PENALTIES FOR CALFRESH FRAUD: If on purpose you do not follow CalFresh rules, your CalFresh benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years.

- If you are found guilty in any court of law or administrative hearing because:
- You traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation.
- You traded or sold CalFresh benefits for controlled substances, your CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
- You traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever.
- You gave the county false identify or residence information, so you can get CalFresh benefits in more than one case at the same time, your CalFresh benefits can be stopped for 10 years.

SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR FOOD STAMPS

Important Information For Noncitizens Sponsored By Individuals

As a noncitizen who is sponsored by an individual(s), you must meet special conditions to receive Cash Aid and/or Food Stamps.

The Special Conditions Are:

- Your sponsor's income and resources will have to be reviewed for you to receive benefits. Your sponsor must provide information on the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to complete quarterly income and resource reports for Cash Aid and Food Stamp benefits. If your sponsor does not provide this information, your benefits may be changed or stopped. Family members who are not sponsored and are otherwise eligible can get and continue to get their benefits.
- **You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor.**

Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or Food Stamps. If you completed an affidavit of support, State regulations require the county welfare department to evaluate your income, resources, and property in deciding whether or not the noncitizen applicant can get benefits. Sponsorship is normally for an indefinite period of time. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse or your spouse has signed an affidavit of support, your spouse's income, resources, and property are also counted.

If the noncitizen's application for Cash Aid is approved, **each quarter** you will have to report your income, resources, and property on the Sponsor's Quarterly Income and Resources Report (QR 72). The noncitizen will provide you with the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each quarter, resources and a portion of your income will be used to determine the noncitizen's continued eligibility and benefits.

If the noncitizen receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the noncitizen may have to repay these benefits.

SPONSOR'S STATEMENT OF FACTS INCOME AND RESOURCES

(Supplemental Application For Food Stamps And Cash Aid)

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER OR IF SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT) AND RETURN IT TO THE NONCITIZEN IMMEDIATELY.

Noncitizen Name and Address

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Proof may be needed to verify answers to the following questions. Attach proof when the form asks for it.

① YOUR NAME (FIRST, MIDDLE, LAST)	TELEPHONE NUMBER ()
-----------------------------------	------------------------------

HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT) (FIRST, MIDDLE, LAST)	HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? ☐ Yes ☐ No
---	---

③ Do you or your spouse get assistance such as: California Work Opportunity and Responsibility to Kids (CalWORKs), Food Stamps, or Supplemental Security Income (SSI)? If Yes, complete below:	☐ Yes ☐ No
--	--

Case Name	Date of Birth	Type of Assistance	County	State

If both you and your spouse get Assistance and the noncitizen is not applying for Food Stamps, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other noncitizen's entry into the United States? If Yes, complete below using the I-864, I-864A or the I-134:	☐ Yes ☐ No
--	--

Noncitizen Name	Noncitizen Address	Date of Admission to U.S.

B. Are any of the noncitizens listed in ④A receiving any type of assistance such as: CalWORKs, Food Stamps or SSI? If Yes, complete below:

☐ Yes ☐ No

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? If Yes, complete below:	☐ Yes ☐ No
---	--

Name of Person(s)	Does Person Live With Sponsor
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

COUNTY USE ONLY

CASE NAME: _____

CASE NO: _____

WORKER NO: _____

☐

VERIFIED:

☐ Letter on File

☐ Verbal Communication

☐ Other: _____

VERIFIED:

☐ Affidavit of Support

☐ on File

☐ I-864

☐ I-864A

☐ I-134

☐ Other: _____

☐ Verified

☐ Verified

☐ IRS Form 1040 Reviewed

☐ Other: _____

Claimed ☐ Yes ☐ No

Claimed ☐ Yes ☐ No

Claimed ☐ Yes ☐ No

Claimed ☐ Yes ☐ No

Claimed ☐ Yes ☐ No

⑥ Are you or your spouse currently employed? ☐ Yes ☐ No
 If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed
		\$		\$		☐ Yes ☐ No	Pay Stubs Other
		\$		\$		☐ Yes ☐ No	

⑦ Do you or your spouse receive or expect to receive any other income such as:
 Social Security, Unemployment/Disability Insurance, Child/Spousal Support,
 Veterans Benefits, etc? ☐ Yes ☐ No
 If Yes, complete section below and attach proof of the income.

Name	Type of Income	Amount	How Often Received	Check if Exempt	Specify Verification and Date Reviewed:
		\$		☐ Yes ☐ No	
		\$		☐ Yes ☐ No	

⑧ Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.

Resource	Sponsor	Spouse	Resource	Sponsor	Spouse
Checks or Money (At Home or Elsewhere)	☐ Yes ☐ No	☐ Yes ☐ No	Trust Funds	☐ Yes ☐ No	☐ Yes ☐ No
Checking, Savings, Credit Union Account	☐ Yes ☐ No	☐ Yes ☐ No	Stocks, Bonds, Certificates	☐ Yes ☐ No	☐ Yes ☐ No
Notes, Mortgages, Trust Deeds, Sales Contracts	☐ Yes ☐ No	☐ Yes ☐ No	Other (Specify below)	☐ Yes ☐ No	☐ Yes ☐ No
Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)	Account Number	Check if Exempt
		\$			☐ Yes ☐ No
		\$			☐ Yes ☐ No
		\$			☐ Yes ☐ No

⑨ Do you or your spouse own (or are you buying) any real property, such as:
 a house, land, building, etc. If Yes, complete section below: ☐ Yes ☐ No

Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt
				\$	\$		☐ Yes ☐ No
				\$	\$		☐ Yes ☐ No

Date Registration
and
Records Viewed

⑩ Do you or your spouse own or use or are you buying any motor vehicles, such as:
 a car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete section below: ☐ Yes ☐ No

Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt
					☐ Yes ☐ No
					☐ Yes ☐ No

1. _____
2. _____

Vehicle Valuation

1. \$ _____
2. \$ _____

⑪ Do you or your spouse who receive income pay any court ordered support?
 If Yes, enter the monthly amount \$ _____ Who pays? _____ ☐ Yes ☐ No

☐ Verified

⑫ Do you or your spouse make support payments to other persons not living in your home?
 If Yes, complete section below: ☐ Yes ☐ No

☐ Verified

Who Pays	To Whom Paid (Name)	Amount Paid
		\$
		\$
		\$
		\$

⑬ Do you or your spouse own or use personal property or resources such as: Jewelry,
 equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs,
 furniture, appliances, other household furnishings. If Yes, complete section below: ☐ Yes ☐ No

Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value
			\$	☐ Yes ☐ No		1. _____
			\$	☐ Yes ☐ No		2. _____
			\$	☐ Yes ☐ No		3. _____
			\$	☐ Yes ☐ No		4. _____

CERTIFICATION

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, Food Stamp or cash-based Medi-Cal Programs, I can be punished and I can be legally accused of the crime of fraud. If I am found guilty of committing fraud, I can be fined up to \$10,000 for CalWORKs and \$250,000 for Food Stamps. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for Food Stamps. In the CalWORKs and Food Stamp Programs, my benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years or forever.
- I understand that the information provided on this form may be verified by local, state and federal agencies.
- I understand that the noncitizen's case, including my statement, may be selected for an additional review to ensure that the noncitizen's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

- If the noncitizen is applying for Cash Aid, both you and your spouse must sign the form. If the noncitizen is applying for Food Stamps only, either you or your spouse must sign the form.

SPONSOR'S CERTIFICATION:

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE OR HAS SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

- If the noncitizen is applying for Cash Aid, the noncitizen must sign this form. If the noncitizen is applying for Food Stamps only, the form must be signed by the noncitizen, the head of household, a household member, or an authorized representative.

NONCITIZEN'S CERTIFICATION:

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	Food Stamp Sponsor/Sponsor's Spouse Computation														
A. ITEMS <table style="width: 100%;"> <tr> <td style="width: 70%;">VALUE</td> <td style="width: 30%;"></td> </tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> <tr><td>\$</td><td></td></tr> </table>	VALUE		\$		\$		\$		\$		\$		\$		A. Earned Income \$ _____ B. Unearned Income + _____ C. Subtotal = _____ D. Total number of sponsored noncitizens applying for/receiving CalWORKs _____ E. Divide C by D = _____ F. Number of sponsored noncitizens in this AU _____ G. Total (Multiply E by F) = _____	A. Earned Income \$ _____ B. Less 20% - _____ C. Unearned Income + _____ D. Gross Income Deduction for Sponsor's household size - _____ E. Subtotal = _____ F. Total number of sponsored noncitizens replace applying for/receiving Food Stamps _____ G. Total (Divide E by F) = _____
VALUE																
\$																
\$																
\$																
\$																
\$																
\$																
B. Total \$ _____ CW FS																
C. Less: Food Stamp Deduction (\$1500) NA \$1500																
D. Equals Subtotal = _____																
E. Total number of sponsored noncitizens applying for/receiving CW/FS _____																
F. Total (Divide D by E) = _____																
Amount in F to be included in each noncitizen's property limits.	Amount in G to be deemed income for entire AU.	Amount in G to be deemed income for each sponsored noncitizen.														

WORKER SIGNATURE	WORKER SUPERVISOR	DATE
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SPONSORED NONCITIZENS APPLYING FOR OR RECEIVING CASH AID AND/OR CALFRESH

Important Information For Noncitizens Sponsored By Individuals

As a noncitizen who is sponsored by an individual(s), you must meet special rules to get Cash Aid and/or CalFresh.

The Special Rules Are:

- Your sponsor's income and resources will have to be reviewed to see if you can get benefits. Your sponsor must fill out the attached form. Both you and your sponsor must sign this form.
- If your application is approved, you and your sponsor will have to report your income and resources every six months to keep getting Cash Aid and CalFresh benefits. If your sponsor does not provide this information, your benefits may be changed or stopped. Family members who are not sponsored and are otherwise eligible can keep getting their benefits.
- You are the person responsible for getting all the information requested to the county welfare department for both you and your sponsor. Let the county know if you need help.
- If your sponsor has abandoned you (you don't know where they are or they don't help you out) you might still be able to get benefits.

Important Information For Sponsors

The noncitizen you sponsor has applied for Cash Aid and/or CalFresh. If you signed an affidavit of support, State regulations require the county welfare department to review your income, resources, and property in deciding whether or not the noncitizen applicant can get benefits. Sponsorship is normally for an indefinite period of time. This form must be completed and signed by you under penalty of perjury. If you are living with your spouse or your spouse has signed an affidavit of support, your spouse's income, resources, and property are also counted.

If the noncitizen's application for Cash Aid is approved, each semi-annual period (every six months) you will have to report your income, resources, and property on either this form or on the Sponsor's Semi-Annual Income and Resources Report (SAR 72). The noncitizen will give you the report form. Your report must be completed and returned to the noncitizen immediately to ensure the noncitizen's continued eligibility. Each semi-annual period, resources and a portion of your income will be used to determine the noncitizen's continued eligibility and benefits.

If the noncitizen receives benefits to which he or she is not entitled because you failed to accurately report information, you and/or the noncitizen may have to repay these benefits.

SPONSOR'S STATEMENT OF FACTS INCOME AND RESOURCES

(Supplement to the SAWS 2, Application For CalFresh And Cash Aid)

INSTRUCTIONS: PLEASE ANSWER THE FOLLOWING QUESTIONS FOR YOURSELF AND YOUR SPOUSE (IF LIVING TOGETHER OR IF SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT) AND RETURN IT TO THE NONCITIZEN IMMEDIATELY.

Noncitizen Name and Address

COUNTY USE ONLY

CASE NAME: _____

CASE NO: _____

WORKER NO: _____

Proof may be needed to verify answers to the following questions. Attach proof when the form asks for it.

① YOUR NAME (FIRST, MIDDLE, LAST) TELEPHONE NUMBER
()

HOME ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)

MAILING ADDRESS (IF DIFFERENT THAN HOME ADDRESS)

② YOUR SPOUSE'S NAME (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT) (FIRST, MIDDLE, LAST) HAS SPONSOR'S SPOUSE SIGNED AN AFFIDAVIT OF SUPPORT? ☐ Yes ☐ No

③ Do you or your spouse get assistance such as: CalWORKs/TANF/cash assistance, CalFresh/SNAP/food benefits or Supplemental Security Income (SSI)? If Yes, complete below: ☐ Yes ☐ No

Case Name	Date of Birth	Type of Assistance	County	State

If both you and your spouse get Assistance and the noncitizen is not applying for CalFresh, complete only the Certification section on Page 3 and return the form. For all others, go to Question ④.

④ A. Have you or your spouse sponsored any other noncitizen's entry into the United States? ☐ Yes ☐ No
If Yes, complete below using the I-864, I-864A or the I-134:

Noncitizen Name	Noncitizen Address	Date of Admission to U.S.

B. Are any of the noncitizens listed in ④A receiving any type of assistance such as: CalWORKs, CalFresh or SSI? ☐ Yes ☐ No
If Yes, complete below:

Type of Assistance	Date First Applied	County	State

⑤ Do you or your spouse have other persons who are claimed or could be claimed as dependents for federal income tax purposes? ☐ Yes ☐ No
If Yes, complete below:

Name of Person(s)	Does Person Live With Sponsor
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No
	☐ Yes ☐ No

VERIFIED:

☐ Letter on File
☐ Verbal Communication
☐ Other: _____

VERIFIED:

☐ Affidavit of Support on File
☐ I-864
☐ I-864A
☐ I-134
☐ Other: _____

☐ Verified
☐ Verified

☐ IRS Form 1040 Reviewed
☐ Other: _____

Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No
Claimed ☐ Yes ☐ No

⑥ Are you or your spouse currently employed? ☐ Yes ☐ No If Yes, complete section below. Attach paystubs or other proof of earnings. If you or your spouse are self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.							COUNTY USE ONLY		
Name	Name of Employer	Gross Pay (Before Deductions)	How Often Paid (Weekly, Monthly, etc.)	Commissions or tips	Number of Tax Dependents Claimed	Check if Exempt	Enter Date Viewed Pay Stubs Other		
		\$		\$		☐ Yes ☐ No			
		\$		\$		☐ Yes ☐ No			
⑦ Do you or your spouse receive or expect to receive any other income such as: Social Security, Unemployment/Disability Insurance, Child/Spousal Support, Veterans Benefits, etc? ☐ Yes ☐ No If Yes, complete section below and attach proof of the income.									
Name	Type of Income	Amount	How Often Received		Check if Exempt	Specify Verification and Date Reviewed:			
		\$			☐ Yes ☐ No				
		\$			☐ Yes ☐ No				
⑧ Will there be any changes to this income in the next six months? ☐ Yes ☐ No If Yes, list below what change is expected. Attach any proof you may have such as: a letter from an employer, benefit award letter, etc.									
Whose income will change?		What income will change?		How and when will it change?					
⑨ Do you or your spouse have any of the following resources? Check each item. If Yes, explain below.									
Resource		Sponsor	Spouse	Resource		Sponsor	Spouse		
Checks or Money (At Home or Elsewhere)		☐ Yes ☐ No	☐ Yes ☐ No	Trust Funds		☐ Yes ☐ No	☐ Yes ☐ No		
Checking, Savings, Credit Union Account		☐ Yes ☐ No	☐ Yes ☐ No	Stocks, Bonds, Certificates		☐ Yes ☐ No	☐ Yes ☐ No		
Notes, Mortgages, Trust Deeds, Sales Contracts		☐ Yes ☐ No	☐ Yes ☐ No	Other (Specify below)		☐ Yes ☐ No	☐ Yes ☐ No		
Type of Resource	Owner	Current Value	Location (Home, Bank, Address, etc.)		Account Number	Check If Exempt			
		\$				☐ Yes ☐ No			
		\$				☐ Yes ☐ No			
		\$				☐ Yes ☐ No			
⑩ Do you or your spouse own (or are you buying) any real property, such as: a house, land, building, etc. If Yes, complete section below: ☐ Yes ☐ No									
Name	Type of Property	Address/Location	How Used? (Home, Rent, etc.)	Balance Owed	Value	Name of Mortgage Co.	Check if Exempt	Date Registration and Records Viewed	
				\$	\$		☐ Yes ☐ No ☐ Yes ☐ No		
				\$	\$				
⑪ Do you or your spouse own or use or are you buying any motor vehicles, such as: a car, truck, boat, trailer, van, camper, motorcycle, etc. If Yes, complete section below: ☐ Yes ☐ No									
Name	Year, Make, Model	License Number and State of Registration	Amount of current License Fee	Balance Owed	Check if Exempt	Vehicle Valuation			
					☐ Yes ☐ No ☐ Yes ☐ No	1. \$ _____ 2. \$ _____			
⑫ Do you or your spouse who receive income pay any court ordered support? ☐ Yes ☐ No If Yes, enter the monthly amount \$ _____ Who pays? _____							☐ Verified		
⑬ Do you or your spouse make support payments to other persons not living in your home? ☐ Yes ☐ No If Yes, complete section below:							☐ Verified		
Who Pays		To Whom Paid (Name)			Amount Paid				
					\$ _____				
					\$ _____				
					\$ _____				
					\$ _____				
⑭ Do you or your spouse own or use personal property or resources such as: Jewelry, equipment, instruments, livestock, etc.? Do not list clothing, wedding rings, rugs, furniture, appliances, other household furnishings. If Yes, complete section below: ☐ Yes ☐ No									
Name	Name of Item	Date of Purchase	Purchase Price	Gift	Amount Owed	Net Market Value			
			\$	☐ Yes ☐ No		1. _____			
			\$	☐ Yes ☐ No		2. _____			
			\$	☐ Yes ☐ No		3. _____			
			\$	☐ Yes ☐ No		4. _____			

CERTIFICATION

- I understand that if on purpose I don't give the right facts or all the facts for the CalWORKs, CalFresh or cash-based Medi-Cal Programs, I can be punished and I can be legally accused of the crime of fraud. If I am found guilty of committing fraud, I can be fined up to \$10,000 for CalWORKs and \$250,000 for CalFresh. And, I can go to jail/prison for up to 5 years for CalWORKs and 20 years for CalFresh. In the CalWORKs and CalFresh Programs, my benefits can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years or forever.
- I understand that the information provided on this form may be verified by local, state and federal agencies.
- I understand that the noncitizen's case, including my statement, may be selected for an additional review to ensure that the noncitizen's eligibility was determined correctly.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

- If the noncitizen is applying for Cash Aid, both you and your spouse must sign the form. If the noncitizen is applying for CalFresh benefits only, either you or your spouse must sign the form.

SPONSOR'S CERTIFICATION:

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I declare under penalty of perjury under the laws of the United States of America and the State of California that the above information contained on this statement of facts is true, correct, and complete.

SPONSOR'S SIGNATURE OR MARK	DATE
SPONSOR'S SPOUSE'S SIGNATURE OR MARK (IF LIVING WITH SPOUSE OR SPOUSE HAS SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

- If the noncitizen is applying for Cash Aid, the noncitizen must sign this form. If the noncitizen is applying for CalFresh only, the form must be signed by the noncitizen, the head of household, a household member, or an authorized representative.

NONCITIZEN'S CERTIFICATION:

- I have reviewed this signed and completed form from my sponsor(s). I declare under penalty of perjury under the laws of the United States of America and the State of California that it is true, correct, and complete to the best of my knowledge.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	CalFresh Sponsor/Sponsor's Spouse/Registered Domestic Partner Computation														
A. ITEMS <table style="width: 100%;"> <tr> <td style="width: 70%;">VALUE</td> <td style="width: 30%;"></td> </tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> <tr><td>_____</td><td>\$ _____</td></tr> </table>	VALUE		_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	_____	\$ _____	A. Earned Income \$ _____ B. Unearned Income + _____ C. Subtotal = _____ D. Total number of sponsored noncitizens applying for/receiving CalWORKs _____ E. Divide C by D = _____ F. Number of sponsored noncitizens in this AU _____ G. Total (Multiply E by F) = _____	A. Earned Income \$ _____ B. Less 20% - _____ C. Unearned Income + _____ D. Gross Income Deduction for Sponsor's household size - _____ E. Subtotal = _____ F. Total number of sponsored noncitizens replace applying for/receiving Food Stamps _____ G. Total (Divide E by F) = _____
VALUE																
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
_____	\$ _____															
B. Total <table style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;">CW FS</td> </tr> <tr> <td>\$ _____</td> <td></td> </tr> </table>		CW FS	\$ _____													
	CW FS															
\$ _____																
C. Less: CalFresh Deduction (\$1500) <table style="width: 100%;"> <tr> <td style="width: 70%;">NA \$1500</td> <td style="width: 30%;"></td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>	NA \$1500		_____													
NA \$1500																

D. Equals Subtotal = _____																
E. Total number of sponsored noncitizens applying for/receiving CW/CF <table style="width: 100%;"> <tr> <td style="width: 70%;"></td> <td style="width: 30%;"></td> </tr> <tr> <td>_____</td> <td></td> </tr> </table>			_____													

F. Total (Divide D by E) = _____																
Amount in F to be included in each noncitizen's property limits.	Amount in G to be deemed income for entire AU.	Amount in G to be deemed income for each sponsored noncitizen.														

WORKER SIGNATURE	WORKER SUPERVISOR	DATE
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A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SENIOR PARENT STATEMENT OF FACTS (Supplement to the SAWS 2)

CASE NAME
CASE NUMBER

The rules say that when a minor parent (up to age 18) applies for cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your SAWS 2. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete form, your cash aid and cash-based Medi-Cal may be **changed or stopped**.
- If you have questions, ask your worker or call the county.

1. Does your parent(s) get income, money, or benefits, such as: Earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; interest or dividends from stocks, bonds, savings accounts; In-Home Supportive Services (IHSS); child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc.?				☐ YES	☐ NO
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN		
		\$			
NAME	SOURCE	AMOUNT RECEIVED	HOW OFTEN		
		\$			
2. Will there be any changes to this income in the next six months? If "YES", list below what change is expected. Attach any proof they may have such as: a letter from an employer, benefit award letter, etc.					
WHOSE INCOME WILL CHANGE?		WHAT INCOME WILL CHANGE?		HOW AND WHEN WILL IT CHANGE?	
3. Does your parent(s) support other persons living in the home and claim them as Federal tax dependents? If "YES", list name of person(s) and relationship.					
NAME		RELATIONSHIP	NAME		RELATIONSHIP
4. Does your parent(s) support anyone not living in the home and claim or could claim that person as a Federal tax dependent? If "YES", give name of person(s), amount paid and ATTACH PROOF.					
NAME		AMOUNT PAID	NAME		AMOUNT PAID
		\$			\$

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I get more than \$950 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
 - I understand that failing to report information or true facts can result in legal prosecution with penalties of a fine, imprisonment or both.
 - I understand that I must call my worker to report any unexpected changes which may affect my eligibility for or the amount of my Cash Aid within 5 days of the change. If I am unsure about needing to report any changes, I must contact my worker.
 - I understand that the facts I report may result in my benefits being denied, lowered or stopped.
 - I understand that I have the right to request a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true, correct, and complete.

YOU MUST SIGN AND DATE THIS REPORT OR IT WILL BE INCOMPLETE

SIGNATURE OF CASH AIDED MINOR PARENT

DATE SIGNED

COUNTY USE ONLY

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SPONSOR'S QUARTERLY INCOME AND RESOURCES REPORT

GIVE THIS TO YOUR SPONSOR

COMPLETE, SIGN, DATE AND RETURN THIS FORM AFTER:

THIS REPORT IS FOR THE MONTH OF _____

CASE NAME _____

CASE NUMBER _____

SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if spouse has signed an affidavit of support) must complete and sign this report and return it immediately to the noncitizen you sponsor.
- The noncitizen must complete, sign and date the form, and return it to the county by the 5th of the month. If a complete report, including verification, is not received by the 11th of the month, the noncitizen's Cash Aid may be delayed, lowered, or stopped.
- Call the county if you need help completing this form.

Noncitizen's Name and Address _____

WORKER: _____

PHONE: _____

1 Sponsor's Name (First, Middle, Last) _____

Answer the following questions for your spouse if she/he is living with you OR has signed an affidavit of support.

2 Sponsor's Spouse's Name (If Living Together) (First, Middle, Last) _____ Has sponsor's spouse signed an affidavit of support? ☐ YES ☐ NO

3 Do you and/or your spouse receive Cash Aid, such as California Work Opportunity and Responsibility to Kids (CalWORKs) or Supplemental Security Income (SSI)? ☐ YES ☐ NO
If YES, complete below.

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

4 During the report month did you and/or your spouse receive income, money or benefits, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refund, cash gifts, free housing/utilities, etc.? ☐ YES ☐ NO

If YES, list who received income, employer's name or other source of income, gross amount before deductions, and actual date received. Attach paystubs or other proof of earnings for the report month. Attach proof of any other income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

If both you and your spouse (who is living with you) receive Cash Aid, skip to Question 10 and complete the Certification Section.

5 Since your last quarterly report, did you or your spouse have any changes in personal and/or real property, such as: Receive, buy, sell or give away a motor vehicle, camper, boat, land or house, etc.? ☐ YES ☐ NO
If YES, explain the type of change, date of change and the amount, if applicable.

6 Did you or your spouse have a checking, savings or credit union account at the end of the report month? ☐ YES ☐ NO
If YES, complete below.

☐ Credit Union	Balance On Last Day of Report Month	Whose Account?	☐ Credit Union	Balance On Last Day of Report Month	Whose Account?
☐ Checking			☐ Checking		
☐ Savings	\$		☐ Savings	\$	

COUNTY USE ONLY

WORKER INITIALS

DATE

7 Since your last quarterly report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If YES, complete below. ☐ YES ☐ NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	☐ YES ☐ NO		
	☐ YES ☐ NO		

8 Since your last quarterly report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? If YES, explain what changed, list the name of the person(s), amount paid and who paid: ☐ YES ☐ NO

9 During the report month, did you or your spouse pay any court-ordered support? If YES, enter the amount paid and attach receipts: \$ ☐ YES ☐ NO

10 Do you or your spouse have any other information to report such as: a new address, a change in the number of noncitizens that you sponsor and who will receive Cash Aid, recent or anticipated changes in income, etc.? If YES, explain the change and if it is expected to be temporary or permanent, and give the date of change. ☐ YES ☐ NO

CERTIFICATION SECTION

- I understand that the term for Sponsorship is normally an indefinite period of time.
- I understand that failure to report information or misrepresentation of facts for Cash Aid can result in legal prosecution with penalties of a fine, imprisonment or both.
- I understand that I may be required to repay any benefits which are overpaid because of incorrectly or incompletely reported information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information contained in this report is true and correct and is complete.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information contained in this report is true and correct and is complete.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources		CalWORKs Sponsor/Sponsor's Spouse Income Computation		Food Stamps Sponsor/Sponsor's Spouse Income Computation	
A. ITEMS	VALUE	A. Earned Income	\$	A. Earned Income	\$
	\$	B. Unearned Income	+	B. Less 20%	-
	\$	C. Subtotal	=	C. Unearned Income	+
	\$	D. Total number of sponsored noncitizens applying for/receiving CalWORKs		D. Gross Income Deduction for sponsor's household size	-
B. Total	\$	E. Divide C by D	=	E. Subtotal	=
C. Less: Food Stamp Deduction (\$1500)	CW NA FS \$1500	F. Number of sponsored noncitizens in this AU		F. Total number of sponsored noncitizens applying for/receiving Food Stamps	
D. Subtotal	=	G. Total (Multiply E by F)	=	G. Total (Divide E by F)	=
E. Total number of sponsored noncitizens applying for/receiving CW/FS					
F. Total (Divide D by E) =					
Amount in F to be included in each noncitizen's property limits.		Amount in G to be deemed income for entire AU.		Amount in G to be deemed income for each sponsored noncitizen.	

REPORT MONTH: _____**SPONSOR'S SEMI-ANNUAL INCOME AND RESOURCES REPORT (Supplement to the SAR 7)**

TO KEEP YOUR BENEFITS COMING ON TIME, PLEASE GIVE THIS FORM TO YOUR SPONSOR. YOU AND YOUR SPONSOR(S) MUST SIGN AND DATE THIS FORM AFTER THE LAST DAY OF THE REPORT MONTH AND RETURN IT BY THE 5th OF _____ WITH YOUR SAR 7.

CASE NUMBER _____

(MONTH)

NEED HELP? (County specific instructions w/county unurl)

Worker Name: _____ [Dist. ID here]

Worker Phone: () _____

County: _____

Street Address: _____

City, State, Zip Code _____

Barcode: _____

SPONSOR'S INSTRUCTIONS

- You and your spouse (if living together or if your spouse has signed an affidavit of support) must complete and sign this report after the end of the Report Month listed at the top of this form and return it immediately to the non-citizen you sponsor.
- Call the county if you need help completing this form.

1. Sponsor's Name (First, Middle, Last) _____

Answer the following questions for your spouse if he/she is living with you OR signed an affidavit of support.

2. Spouse's Name (First, Middle, Last) _____ Has spouse signed an affidavit of support? ☐ YES ☐ NO3. Do you and/or your spouse get cash aid, such as CalWORKs or SSI? If "YES", complete below. ☐ YES ☐ NO

CASE NAME	DATE OF BIRTH	TYPE OF CASH AID	COUNTY	STATE

4. During the Report Month did you and/or your spouse get income, money or benefits, such as: earnings, training payments, earned income tax credit, strike benefits, social security, railroad retirement, unemployment or disability insurance, interest, worker's compensation, SSI/SSP, child/spousal support, loans, grants, tax refunds, cash gifts, free housing/utilities, etc.? ☐ YES ☐ NO

If "YES", list WHO got income, employer's name or other source of income, GROSS amount BEFORE deductions (such as taxes, social security or other retirement deductions, garnishments, support, etc.) and actual date they got the income. Attach paystubs or other proof of earnings for the Report Month. Attach proof of any other type of income only when it starts and when it changes.

If self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses.

NAME	SOURCE	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED	AMOUNT \$ DATE RECEIVED

5. Will there be any changes to this income in the next six months? If "YES", list below what change is expected. Attach any proof you may have such as: a letter from an employer, benefit award letter, etc. ☐ YES ☐ NO

Whose income will change? _____ What income will change? _____ How and when will it change? _____

If both you and your spouse (if living with you) receive Cash Aid, skip to Question 11 and complete the Certification Section.

6. Since your last report, did you or your spouse have any changes in personal and/or real property, such as: Got, bought, sold, traded, or gave away a motor vehicle, camper, boat, land or house, etc.? If "YES", please explain the type of change and the amount, if applicable. ☐ YES ☐ NO7. Did you or your spouse have a checking, savings or credit union account at the end of the Report Month? If "YES", complete below. ☐ YES ☐ NO

☐ Credit Union	Balance On Last Day of Report Month	Whose Account?	☐ Credit Union	Balance On Last Day of Report Month	Whose Account?
☐ Checking			☐ Checking		
☐ Savings	\$		☐ Savings	\$	

COUNTY USE ONLY

WORKER INITIALS

DATE

8. Since your last report, was there a change in the number of persons who are claimed as dependents for federal income tax purposes by you or your spouse? If "YES", complete below. ☐ YES ☐ NO

NAME OF PERSON(S)	DOES PERSON LIVE WITH SPONSOR?	DATE OF CHANGE	EXPLAIN WHAT CHANGED
	☐ YES ☐ NO		
	☐ YES ☐ NO		

9. Since your last report, was there any change in payments made to persons who are claimed as federal tax dependents who are not living with you or your spouse? ☐ YES ☐ NO
If "YES", explain what changed, list the name of the person(s), amount paid and who paid:

10. During the Report Month, did you or your spouse pay any court-ordered support? ☐ YES ☐ NO
If "YES", enter the amount paid and attach receipts: \$

11. Do you or your spouse have any other information to report such as: A new address, a change in the number of noncitizens you sponsor and who will get cash aid, recent or anticipated changes in income, etc.? ☐ YES ☐ NO
If "YES", explain the change and if you know if it will be temporary or permanent, and give the date of the change.

CERTIFICATION SECTION

- I understand that the term for sponsorship is normally an indefinite period of time.
- I understand that failure to report information or purposely giving the wrong facts for cash aid is a crime and I can be fined, go to jail or both.
- I understand that I may have to pay back any benefits that are overpaid because I did not give all of the facts or gave the wrong information.

SPONSOR'S CERTIFICATION

- I declare under penalty of perjury under the laws of the State of California that the information in this report is true, correct and complete.

SIGNATURE OF SPONSOR	DATE
SIGNATURE OF SPONSOR'S SPOUSE (IF LIVING TOGETHER OR SIGNED AN AFFIDAVIT OF SUPPORT)	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

NONCITIZEN'S CERTIFICATION

- I have reviewed this signed and completed report from my sponsor(s). I declare under penalty of perjury under the laws of the State of California that, to the best of my knowledge, the information in this report is true, correct and complete.

NONCITIZEN'S OR DECLARANT'S SIGNATURE OR MARK	DATE
SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR OTHER PERSON COMPLETING FORM	DATE

COUNTY USE ONLY SECTION

Evaluation of Sponsor/Sponsor's Spouse Real/Personal Property Resources	CalWORKs Sponsor/Sponsor's Spouse Income Computation	CalFresh Sponsor/Sponsor's Spouse Income Computation
A. ITEMS \$ _____ \$ _____ \$ _____ \$ _____ \$ _____ B. Total \$ _____ C. Less: CalFresh Deduction (\$1500) - CW CF - NA \$1500 D. Subtotal = _____ E. Total number of sponsored noncitizens applying for/receiving CW/CF = _____ F. Total (Divide D by E) = _____ Amount in F to be included in each noncitizen's property limits.	A. Earned Income \$ _____ B. Unearned Income + _____ C. Subtotal = _____ D. Total number of sponsored noncitizens applying for/receiving CalWORKs _____ E. Divide C by D = _____ F. Number of sponsored noncitizens in this AU _____ G. Total (Multiply E by F) = _____ Amount in G to be deemed income for entire AU.	A. Earned Income \$ _____ B. Less 20% - _____ C. Unearned Income + _____ D. Gross Income Deduction for sponsor's household size - _____ E. Subtotal = _____ F. Total number of sponsored noncitizens applying for/receiving CalFresh _____ G. Total (Divide E by F) = _____ Amount in G to be deemed income for each sponsored noncitizen.

A D O P T

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

SENIOR PARENT SEMI-ANNUAL INCOME REPORT

(Supplement to the SAR 7 - Use for unaided senior parent.)

CASE NAME:
CASE NUMBER:
REPORT MONTH:

The rules say that when a minor parent (up to age 18) gets cash aid, we must count the income of the senior parent(s) living in the same home. We will figure how much of this income will be counted.

INSTRUCTIONS:

- Fill in this form and return it with your Semi-Annual Eligibility/Status Report (SAR 7) by the 5th day of the submission month. Answer all of the questions about your parent(s) who lives with you.
- If we do not get a complete report by the 11th day of the submission month, your cash aid and cash-based Medi-Cal may be **delayed, changed or stopped**.
- If you have questions, ask your worker or call the county.

1. During the Report Month did your parent(s) get income, money, or benefits, such as: earnings; government benefits like Social Security, Unemployment/Disability Benefits (UIB/DIB), Supplemental Security Income/State Supplementary Payment (SSI/SSP), worker's compensation; railroad retirement, veterans or other private or government disability retirement; In-Home Supportive Services (IHSS); interest or dividends from stocks, bonds, savings account; child/spousal support; training payments; strike benefits; cash, gifts, loans, grants, scholarships; tax refunds; Earned Income Tax Credit (EITC); gambling/lottery winnings; rental income, rental assistance; free housing/utilities/clothing or food; insurance or legal settlements; etc? ☐ YES ☐ NO

If "YES", list who got the money, the source, gross amount before deductions, and actual date they got it in the Report Month. Attach paystubs or other proof of your parent's earnings in the Report Month. If anyone is self-employed, list business expenses on a separate sheet of paper and attach proof of income and expenses in the Report Month. Proof for any self-employment income or other income is needed only when it starts and when it changes.

WHO GOT THE INCOME	SOURCE OF INCOME	GROSS AMOUNT	\$	\$	\$	\$	\$
		ACTUAL DATE THEY GOT IT					

2. Will there be any changes to this income in the next six months?
If "YES", list below what change is expected. Attach any proof they may have such as, a letter from an employer, benefit award letter, etc. ☐ YES ☐ NO

WHOSE INCOME WILL CHANGE?	WHAT INCOME WILL CHANGE?	HOW AND WHEN WILL IT CHANGE?

CERTIFICATION

- I understand that if on purpose I do not report all facts, or give wrong information to get aid, I can be legally prosecuted. I can be charged with committing a serious crime if I received more than \$950 in aid that I am not supposed to get. And my cash aid can be stopped for a period of time. I may be fined up to \$10,000 and/or sent to jail or prison for up to 3 years.
- I understand that the facts I report may result in my benefits being changed or stopped.
- I understand that I have the right to a State Hearing on any proposed action by the County Welfare Department.
- I declare under penalty of perjury under the laws of the United States and the State of California that the facts contained in this report are true and correct and are complete.

YOU MUST SIGN AND DATE THIS REPORT AFTER THE LAST DAY OF THE MONTH OR IT WILL BE INCOMPLETE.

SIGNATURE OF CASH AIDED MINOR PARENT	DATE SIGNED
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COUNTY USE ONLY

COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL ASSISTANCE

To apply for Cash Aid, Food Stamps, and/or Full or Restricted Medical Assistance, complete Items 1-7 on the attached form, and sign the Certification Section (Item 13). Give the form to the welfare office.

Note for Food Stamps: All you have to do the day you apply is give us your name and address (Item 1), tell us you want Food Stamps (Item 2) and sign the application (Item 13). But, before we can tell you if you are eligible, you must give us other facts on this form. You should be told if you are eligible within 30 days after you apply.

Before you can get aid or benefits for Cash Aid, Food Stamps or Medical Assistance; or, for any of the emergencies listed below: AFDC Immediate Need, Food Stamp Expedited Service, Medical Assistance or AFDC Homeless Assistance, you must give us all the facts we ask for during your eligibility interview by either: completing a written Statement of Facts; or, by answering questions during your interview when the county is part of the Statewide Automated Welfare System (SAWS).

If you have an emergency, read below for more facts.

AFDC IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 of your grant while we work on your application. You will need to tell us about your emergency and show that you don't have the income or money to pay for it. The emergency can be:

- Lack of Housing
- Lack of Food
- Utility Shut-Off or Utility Shut-Off Notice
- Essential Transportation Needs
- Other Kinds of Emergencies Important to Health and Safety
- Notice of Eviction
- Essential Clothing

To get this payment, you must appear to be eligible for AFDC. Complete Sections A and B on the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your Social Security Numbers, trying to get income available to you, and agreeing to cooperate with the District Attorney about child and spousal support.

If your Immediate Need request is turned down, you can ask again during the time we work on your application. Let the County know if something changes.

FOOD STAMP EXPEDITED SERVICE

You have the right to get Food Stamps within three days.

Your household must be eligible for the Food Stamp Program

AND HAVE

- no place to live or have temporary housing,

OR

- rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (see the other side of the page for what is income and liquid resources),

OR

- no more than \$100 liquid resources and less than \$150 income for the month before deductions,

OR

- no more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.
- Before you can get Food Stamps within three days, complete Sections A and B on the attached form, give us all the facts we ask for during your eligibility interview and give us proof of your identity.

Food Stamps - Date of Eligibility

If you are eligible for Food Stamps, we will figure your benefits from the date you apply. You can apply for Food Stamps the first day you contact the County Welfare Department.

MEDICAL ASSISTANCE

If you have a medical emergency or are pregnant AND want Medical Assistance as soon as possible, complete Section A and Items 8, 9, and 10 in Section B. You must also give all the facts we ask for during your eligibility interview and complete all eligibility requirements.

AFDC HOMELESS ASSISTANCE

If you appear to be eligible for AFDC and are homeless, tell us if you want to apply for homeless assistance.

TURN PAGE OVER TO GET MORE INFORMATION

WHAT WE MEAN WHEN WE SAY:

- **You, Anyone, Everyone:** any and all persons who live in your home and are applying for Cash Aid, Food Stamps, and/or Medical Assistance. When we need information about the other persons in your home, we will ask you.
- **Cash Aid:** AFDC (Aid to Families with Dependent Children), and Refugee Cash Assistance.
- **Food Stamps** - benefits for low income households to help buy food.
- **Food Stamp Expedited Service** - food stamps within 3 days.
- **Medical Assistance** - Medi-Cal benefits or any County medical coverage.
- **Restricted Medical Assistance** - emergency and pregnancy related care only. If you apply for Restricted Medical Assistance, you don't have to give your Social Security Number, place of birth, citizen/alien status, or alien registration number.
- **Disqualified** - you will not get aid or benefits for a period of time.
- **Income** - money received or expected, such as:
 - earnings, welfare, child support, SSI or Social Security, pension or retirement payments;
 - Unemployment Insurance (UIB), State Disability (SDI), Veterans (VA) or other disability payments;
 - strike funds, payments from roomers, school grants and loans;
 - cash gifts, cash winnings, any other cash payments.
- **Liquid Resources** - other money, such as:
 - cash on hand, uncashed checks; money in checking accounts, savings accounts; or savings certificates;
 - trust deeds, notes receivable, stocks or bonds, etc.
- **Utilities:** gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.

OTHER THINGS YOU SHOULD KNOW:

- You can apply for Cash Aid and Food Stamps at the same time and have only one interview for both.
- You have the right to fill out this form yourself or have someone help you at your request.
- If you receive too much Cash Aid, Food Stamps, or Medical Assistance, even if it is the County's fault, you will have to pay it back and/or your benefits may be lowered or stopped. Also, if on purpose you give wrong facts or don't report all facts or situations which affect eligibility and aid payments, you may have to pay fines and/or go to jail/prison. Food Stamp recipients can also be disqualified for six months, twelve months or permanently.
- **SOCIAL SECURITY NUMBER** - Federal rules say that you must give us the Social Security Number (SSN) for each applicant for Cash Aid, Food Stamps and/or Full Medical Assistance. If you refuse to give us either an SSN or proof of application for an SSN, you will be disqualified from getting aid or benefits, but not if you are applying for Restricted Medical Assistance.
- We computer match SSN(s) against records from tax, welfare, employment, the Social Security Administration and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also use the facts you give us to figure eligibility, benefits, and to be sure that you are not getting aid in more than one case.

COMPLAINTS AND STATE HEARINGS

If you have a complaint, try to resolve it with the County. If you can't resolve it, you may call or write to one of the following offices:

Los Angeles
107 South Broadway, Rm. 7125
Los Angeles, CA 90012
Phone (213) 620-4385

Sacramento
744 P Street, MS 16-23
Sacramento, CA 95814
Phone 1-(800) 952-5253
or for the deaf
TDD 1-(800) 952-8349

If you think any action taken by the County is wrong, you can ask for a State Hearing by writing to your local County Welfare Office or by calling the phone numbers listed above. You must ask for a hearing and tell why you want one within 90 days of the action.

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDICAL ASSISTANCE (SAWS 1)

Before completing this application, read the Coversheet. You have the right to fill out this form yourself or have someone help you at your request. If you need more space to answer, write on the back of this sheet of paper.

SECTION A - APPLICANT INFORMATION

1 A. Name of Applicant (First, Middle Initial, Last)

B. Social Security Number (SSN)
(APPLICANTS FOR RESTRICTED
MEDICAL BENEFITS DON'T NEED
TO GIVE AN SSN)**COUNTY USE ONLY**

COUNTY OF APPLICATION

C. Maiden or Other Name (If Any)

Co. of Residence (If Diff)

D. Home Address: Number

Street

E. Mailing Address (If different)

Date Received

City

Zip Code

City

Zip Code

F. Telephone Number(s):

Home

Work

Message

G. Is your home address permanent? ☐ YES ☐ NO ☐ No Home If no home, tell us where you live.

Homeless

2. Is anyone applying for
Cash Aid ☐ YES ☐ NO
Food Stamps ☐ YES ☐ NO
Medical Assistance ☐ YES ☐ NO
Any Other Program(s)? ☐ YES ☐ NO
If YES, explain:

3. Has anyone ever asked for or gotten
aid anywhere? ☐ YES ☐ NO
If YES, explain: under what name,
where, when and type(s) of aid.

ES AEDG HA
☐ YES ☐ YES
☐ NO ☐ NO
☐ CA 42

4. Is anyone a migrant or seasonal
farmworker? ☐ YES ☐ NO
If YES, who?

5. Is anyone pregnant? ☐ YES ☐ NO
If YES, who?

TYPE OF APPLICATION

CA ES MA
☐ AFDC ☐ Initial ☐ Full
☐ RCA ☐ Recert ☐ Restricted
☐ ECA ☐ Fast

6. Does anyone have a personal emergency? ☐ YES ☐ NO If YES, what kind? Check (✓) below:
☐ Medical ☐ Pregnancy ☐ Child Abuse ☐ Spousal Abuse ☐ Elder Abuse ☐ Other:

Referral Date:

7. The law says we must get your ethnic group and primary language. If you don't want to complete these items, the county will do it for you. This won't affect your eligibility.

Ethnic Group:

Primary Language:

a. Ethnic Group - ☐ White ☐ Hispanic ☐ Black ☐ Filipino ☐ Chinese
☐ American Indian or Alaskan Native ☐ Asian Indian ☐ Laotian ☐ Cambodian
☐ Japanese ☐ Korean ☐ Guamanian ☐ Samoan ☐ Vietnamese ☐ Hawaiian
☐ Other Asian or Pacific Islander (specify):

b. Language - ☐ English ☐ Cantonese ☐ Lao ☐ Tagalog ☐ American Sign
☐ Spanish ☐ Cambodian ☐ Vietnamese ☐ Other (Specify):

SECTION B - FOR AFDC, COMPLETE ALL QUESTIONS IF YOU HAVE AN EMERGENCY. FOR FOOD STAMPS, COMPLETE QUESTIONS 8, 9, 10 and 11 IF YOU WANT EXPEDITED SERVICE. FOR MEDICAL ASSISTANCE, COMPLETE QUESTIONS 8, 9, and 10 IF YOU ARE PREGNANT OR HAVE A MEDICAL EMERGENCY.

8. How much liquid resources does everyone have, including children?

☐ Cash, uncashed checks or money orders \$
☐ Checking/savings or credit union account(s) \$
☐ Trust deeds, notes receivable stocks or bonds \$
☐ Other (explain) \$

12a. Do you have an Eviction Notice or notice to pay or quit? ☐ YES ☐ NOb. Have your utilities been shut off? ☐ YES ☐ NOc. Do you have a shut-off notice? ☐ YES ☐ NOd. Will your food run out in three days or less? ☐ YES ☐ NOe. Do you need essential clothing, including diapers or clothing needed for cold weather? ☐ YES ☐ NOf. Do you need help with transportation to get food, clothing, medical care or other emergency item? ☐ YES ☐ NOg. Do you have another kind of emergency which threatens your health or safety? ☐ YES ☐ NO If YES, explain:

9. How much income did everyone, including children, get or will they get this month?

\$ Date \$ Date
\$ Date \$ Date

10. How much is your rent or mortgage this month?

\$

11. How much are your utilities that are not included in your rent this month? \$

CERTIFICATION AND PERJURY STATEMENT

I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand that the statements I have made on this form may be checked and verified.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.

13. Signature (or Mark) of Applicant or Authorized Representative

Date Signed

Signature of Witness to Mark or Interpreter

Date Signed

Section B - AFDC IN

☐ Denied/ NOA prep.
☐ Approved
☐ Expedited Grant
☐ Applicant requested CWD to complete By (Initials)

Section B - FS ES

☐ Not completed
☐ Screened for ES Date By (Initials)

Referred for:

☐ ES Processing
☐ Regular Processing

CWD records cleared

MEDS CDS cleared

IEVS initiated

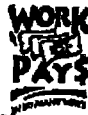
SAWS 1 Coversheet given to applicant

Case Name

Case Number

R E P E A L

State of California - Health and Human Services Agency



California Department of Social Services
California Department of Health Services

COVERSHEET TO THE APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

TO APPLY FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSP, complete Items 1-13 on the attached application, and sign the Certification Section (Item 19). Give the form to the welfare office. If you have a disability and need help to apply for or keep getting cash aid, benefits, and services, tell the county.

BEFORE YOU CAN GET CASH AID, FOOD STAMPS, OR MEDI-CAL/34-COUNTY CMSP, INCLUDING IMMEDIATE NEED, HOMELESS ASSISTANCE, OR FOOD STAMP EXPEDITED SERVICE, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. We use the facts you give us to figure eligibility and benefits.

FOR CASH AID AND FOOD STAMPS, the county will tell you if and when you need to be fingerprint and photo imaged in order to get benefits.

TO GET IMMEDIATE NEED AND/OR HOMELESS ASSISTANCE, you must appear to be eligible for Cash Aid. Complete the attached form and give us the facts we ask for. You may need to meet some rules, such as giving us your social security number(s), trying to get income available to you, and agreeing to cooperate with the local child support agency about child, spousal, and medical support.

FOR FOOD STAMPS, the application can be filled in and signed under penalty of perjury by either an adult household member or by an authorized representative. If you are not an adult member of the household, you must have a written note signed by the head of household or another adult household member saying that you can apply for the household, pick up their food stamps, and/or use the food stamps to buy food for the household.

FOOD STAMPS — Date of Eligibility

If you are eligible for food stamps, we will figure your benefits from the date you apply. You can apply for food stamps the first day you contact the welfare office.

CASH AID IMMEDIATE NEED

If you have an emergency, you may be able to get up to \$200 while we work on your application. You will need to tell us about your emergency situation and you will need to show that you do not have the income or money to pay for these emergencies:

- Lack of housing or lack of food
- Eviction notice
- No utilities or utility shut-off notice
- Lack of essential clothing
- Essential transportation needs not met
- Other kinds of emergencies important to health and safety.

If your Immediate Need request is turned down, you can ask for it again during the time we work on your application. Let the county know if something changes.

CASH AID HOMELESS ASSISTANCE

If you are homeless, or have received a Pay Rent or Quit Notice, and want to apply for homeless assistance, tell the county. Homeless Assistance is available once in a lifetime, with exceptions.

CalWORKs DIVERSION SERVICES

Diversion services can help applicants who need some assistance but do not want or need to go on welfare. Diversion services allow you to choose to get a lump sum cash payment or non-cash services instead of going on aid. You can only choose to get Diversion services at time of application for cash aid, and you may be eligible for Medi-Cal, child care assistance, and food stamps if you get Diversion services.

After reviewing your facts, the county will tell you if you would be eligible for Diversion services. If eligible and you choose to get a Diversion cash payment or non-cash services instead of cash aid:

- You will get a denial notice for cash aid.
- Your cash aid may be lowered or the amount of time you can get cash aid may be reduced if you go on aid later.

APPLICANTS FOR FOOD STAMPS: All you have to do the day you apply is give us your name and address, tell us you want food stamps (Item 8) and sign the application (Item 19). Before we can tell if you are eligible, you must give us all the facts we ask for on your written Statement of Facts and/or answer questions during your eligibility interview. You should be told if you are eligible within 30 days after you apply.

FOOD STAMP EXPEDITED SERVICE

You may have the right to get food stamps within three days. Your household must be eligible for the Food Stamp Program AND HAVE:

- Rent or mortgage and utility costs that are more than your liquid resources and this month's income before deductions (see the other side of the page for definitions of income and liquid resources),
OR
- No more than \$100 liquid resources and less than \$150 income for the month before deductions,
OR
- No more than \$100 liquid resources and at least one member who is a migrant or seasonal farmworker.

Before you can get food stamps within three days, complete Items 1 - 17 on the attached application; give us all the facts we ask for during your eligibility interview; and give us proof of your identity.

MEDI-CAL PRESUMPTIVE ELIGIBILITY (PE) FOR PREGNANT WOMEN

If you are pregnant, you may get temporary Medi-Cal from certain medical providers for many prenatal care services before applying for regular Medi-Cal. Ask your doctor or clinic if they offer PE. If you apply for CalWORKs or Medi-Cal by the end of the month after the month you get a PE card, your temporary Medi-Cal will continue until aid is approved or denied. If you are getting PE, tell the county and check "YES" in both parts of Item 12.

MEDI-CAL/34-COUNTY CMSP - MEDICAL EMERGENCY/PREGNANCY

If you have a medical emergency or are pregnant AND want Medi-Cal/34-County CMSP as soon as possible, complete Items 1-13. You must also give all the facts we ask for during your eligibility interview and meet all eligibility requirements.

WHAT WE MEAN WHEN WE SAY:

- **CalWORKs:** California Work Opportunity and Responsibility to Kids Program.
- **Cash Aid:** Aid from CalWORKs and/or Refugee Cash Assistance (RCA) programs.
- **Diversion Services:** A lump sum cash payment or non-cash services instead of going on cash aid.
- **Food Stamps:** Benefits for low income households to help buy food.
- **Food Stamp Expedited Service:** Getting food stamps within 3 days.
- **Medi-Cal:** Medically necessary benefits for eligible persons.
- **Medi-Cal Presumptive Eligibility (PE):** Temporary Medi-Cal coverage from certain doctors or clinics for many out-patient prenatal care services.
- **34-County CMSP:** Medically necessary benefits for eligible adults who are not on Medi-Cal and who live in some rural counties.
- **Restricted Medi-Cal:** Medical Care for emergency and pregnancy only.
- **Restricted 34-County CMSP:** Emergency care only.
- **Authorized Representative:** A person picked by an applicant or recipient for food stamps and/or Medi-Cal, who can take care of some of their business.
- **Head of Household:** A responsible member of the food stamp household.
- **Income:** Money received or expected, such as:
 - Earnings, welfare, child/spousal support, Supplemental Security Income/State Supplementary Program (SSI/SSP), or Cash Assistance Program for Immigrants (CAPI);
 - Unemployment Insurance Benefits (UIB), State Disability Insurance (SDI), Veterans Benefits (VA), or other disability payments;
 - Strike funds; payments from roomers and boarders; school grants and loans;
 - Cash gifts, cash winnings, any other cash payments.
- **Liquid Resources:** Money other than income, such as:
 - Cash on hand, uncashed checks; money in checking accounts, savings accounts; or saving certificates;
 - Trust deeds, notes receivable, stocks or bonds, etc.
- **Utilities:** Gas, electricity, heating fuel, telephone (basic rate), utility installation, garbage and trash pickup, water, sewage, etc.
- **You, Anyone, Everyone:** Any and all persons who live in your home.

OTHER THINGS YOU SHOULD KNOW:

- You can apply for cash aid, food stamps and Medi-Cal at the same time and have one interview for all.
- You have the right to fill out this form yourself or, if you ask, have someone help you.
- **OVERPAYMENTS/OVERISSUANCES:** means you got more cash aid or benefits than you should have gotten. You will have to pay it back even if the county made an error. Your cash aid or food stamps will be lowered or stopped. Your Medi-Cal/34-County CMSP share of cost may be changed.

- **FRAUD AND PERJURY:** Fraud and perjury are crimes. The law says you must sign a penalty of perjury statement on most forms to get and to keep getting cash aid, food stamps, and Medi-Cal/34-County CMSP. Perjury means that you lied when you swore under oath to give true, correct, and complete facts. If you lie about facts or on purpose do not give us all the facts or situations that affect your eligibility and aid payment levels, you can be charged with fraud.
- **If you are found guilty of committing fraud, you may be fined up to \$10,000 for cash aid and \$250,000 for food stamps and/or sent to jail/prison for 3 years for cash aid and 20 years for food stamps. Cash aid and/or food stamps can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years, 10 years, 20 years or forever; and for Refugee Cash Assistance, 3 months and 6 months.**
- **SOCIAL SECURITY NUMBER (SSN) RULES:** We computer match SSNs against records from tax, welfare, employment, the Social Security Administration, and other agencies to be sure you are reporting all your income and resources. We may check out differences with employers, banks, and/or others. We also match SSNs to be sure that you are not getting aid in more than one case, or in another county or state; and for cash aid and food stamps, with law enforcement agencies for outstanding arrest warrants.

Cash aid and food stamps: You must give us the SSN for each applicant/recipient for cash aid and/or food stamps. If you refuse to give us either the SSN or proof of application for the SSN, you will not be able to get cash aid or food stamps. For cash aid, you must give us your SSN(s) or proof of application for the SSN within 30 days of application and give the SSN to the county when you get it.

Medi-Cal/34-County CMSP: Each applicant for Medi-Cal/34-County CMSP who has a SSN is asked to give it to the county. Any U.S. citizen, U.S. national, amnesty alien with a valid and current I-688, noncitizen with lawful permanent residence in the U.S. (LPR), or noncitizen permanently residing in the U.S. under color of law (PRUCOL) who refuses to give an SSN or proof of application for an SSN, will not be able to get Medi-Cal/34-County CMSP and who is not an amnesty alien with a valid and current I-688 or an LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

COMPLAINTS

If you think you have been discriminated against, contact your county's civil rights representative or write to:
State Civil Rights Bureau
P.O. Box 944243
Sacramento, CA 94244-2430
or call collect (916) 654-2107
or for the hearing or speech impaired
TDD 1 - (916) 654-2098

For other kinds of complaints, contact your county first. If you and the county cannot agree, write or call to:
Public Inquiry and Response (PIAR)
744 P Street, M.S. 6-23
Sacramento, CA 95814
Phone 1 - (800) 952-5253
or for the hearing or speech impaired
TDD 1 - (800) 952-8349

STATE HEARINGS

You must ask for the hearing within 90 days of the county's action and you must tell why you want a hearing. You can ask for a State Hearing by writing to your local county appeals office or by calling one of the phone numbers listed for PIAR above, if you:

- Do not agree with any action taken by the county, or
- Are asking for a state hearing for cash aid, food stamps, Medi-Cal.

To appeal all 34-County CMSP eligibility issues, you can only write to your county.

APPLICATION FOR CASH AID, FOOD STAMPS, AND/OR MEDI-CAL/34-COUNTY CMSR**Before completing this application, read the coversheet. If you need more space to answer, write on the back of this sheet.**

1. NAME OF APPLICANT (FIRST, MIDDLE INITIAL, LAST)				2. SOCIAL SECURITY NUMBER (SSN)		COUNTY USE ONLY	
3. MAIDEN OR OTHER NAME (IF ANY)				2A. DATE OF BIRTH (MM-DD-YYYY)			
4. HOME ADDRESS: NUMBER		STREET		5. MAILING ADDRESS (IF DIFFERENT)			
CITY		STATE		ZIP CODE		CASE NAME	
6. TELEPHONE NUMBER(S): HOME		WORK		MESSAGE		CASE NUMBER	
()		()		()		DATE RECEIVED	
7. Is your home address permanent? ☐ YES ☐ NO ☐ NO HOME							
If not permanent, please explain:							
8. Is anyone applying for: Cash Aid ☐ YES ☐ NO Food Stamps ☐ YES ☐ NO							
Medi-Cal ☐ YES ☐ NO 34-County CMSR ☐ YES ☐ NO							
Any Other Program(s) ☐ YES ☐ NO If "YES", explain:							
9. Has anyone ever asked for or gotten aid or benefits, including Medi-Cal/34-County CMSR/Medicaid or Diversion cash or non-cash services? If "YES", list: ☐ YES ☐ NO							
				TYPE OF AID/BENEFIT		DATE(S) RECEIVED	
NAME(S) USED				RECEIVED WHERE? (COUNTY/STATE/COUNTRY)			
10. The law says we must record your ethnic group, race and language. This won't affect your eligibility.							
A. ETHNICITY (Everyone must also answer B)							
Are you Hispanic or Latino? ☐ YES ☐ NO							
B. RACE/ETHNIC ORIGIN - Check all boxes that apply to you. If you do not complete this question the county will do it for you.							
☐ American Indian or Alaskan Native ☐ Black or African American ☐ White							
☐ Asian (If checked, please select one or more of the following)							
☐ Filipino ☐ Chinese ☐ Japanese ☐ Korean ☐ Vietnamese ☐ Asian Indian							
☐ Cambodian ☐ Laotian ☐ Other Asian (specify) _____							
☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following)							
☐ Native Hawaiian ☐ Guamanian ☐ Samoan ☐ Other (specify) _____							
C. PRIMARY LANGUAGE:							
☐ English ☐ Spanish ☐ Lao ☐ Tagalog ☐ American Sign ☐ Cantonese ☐ Cambodian							
☐ Vietnamese ☐ Russian ☐ Other (specify) _____							
11. Is anyone a migrant or seasonal farmworker? ☐ YES ☐ NO							
12. Is anyone pregnant? ☐ YES ☐ NO If "YES", did she get a Presumptive Eligibility card? ☐ YES ☐ NO							
13. Does anyone have a personal emergency? If "YES", check (✓) type: ☐ YES ☐ NO							
☐ Immediate Medical Need ☐ Pregnancy ☐ Child Abuse ☐ Domestic Abuse							
☐ Elder Abuse ☐ Other emergency which threatens health or safety. Explain:							
IF YOU NEED: CASH AID IMMEDIATE NEED PAYMENTFILL IN ITEMS 14 - 18.							
FOOD STAMP EXPEDITED SERVICEFILL IN ITEMS 14 - 17.							
14. How much liquid resources does everyone, including children, have?				17. How much are your utilities that are not included in your rent this month? \$			
☐ Cash, uncashed checks or money orders \$				☐ YES ☐ NO			
☐ Checking/savings or credit union account(s) \$				18. Do you have an eviction notice or notice to pay or quit?			
☐ Trust deeds, notes receivable, stocks or bonds \$				Have your utilities been shut off or do you have a shut-off notice?			
☐ Other (explain) \$				Will your food run out in 3 days or less?			
15. How much income did everyone, including children, get or will they get this month?				Do you need essential clothing, such as diapers or clothing needed for cold weather?			
Date		Amount		Date		Amount	
\$		\$		\$		\$	
\$		\$		\$		\$	
16. How much is your rent or mortgage this month?				Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?			
\$							
• I certify that I have been given a copy of the coversheet. I understand and agree that I have to comply with eligibility rules, some of which I may be asked to do before any aid can be given. I understand the statements I have made on this form may be checked and verified. • I certify that if I have applied for Food Stamps the county has told me of my right to Expedited Service. • I declare under penalty of perjury under the laws of the United States of America and the State of California that the information I have given on this form is true, correct, and complete.							
19. SIGNATURE (OR MARK) OF APPLICANT OR AUTHORIZED REPRESENTATIVE				DATE SIGNED			
SIGNATURE OF WITNESS TO MARK OR INTERPRETER				DATE SIGNED			
SAWS 1 (12/06) CA 1/DFA 285-A1 REQUIRED FORM - SUBSTITUTE PERMITTED							

Homeless:

FS: ☐ YES ☐ NOCA: ☐ YES ☐ NO ☐ CW 42☐ Pickle Screening

Ethnic Group:

Race:

Primary Language:

CA I.N.

☐ Denied/NOA prep☐ Approved☐ Expedited Grant☐ Applicant requested

CWD to complete SAWS 1

(Initials)

FS E.S.

☐ E.S. questions not completed☐ Screened for E.S.

Date

(Initials)

FS Referral for:

☐ E.S. Processing☐ Regular Processing☐ CWD records cleared☐ MEDS CDB cleared☐ IEVS Initiated☐ Copy of SAWS 1 and coversheet given to applicant

TRANSITIONING CASE NUMBER

COUNTY OF APPLICATION

COUNTY OF RESIDENCE (IF DIFFERENT)

INITIAL APPLICATION FOR CALFRESH , CASH AID , AND/OR

MEDI-CAL/HEALTH CARE PROGRAMS

If you have a disability or need help with this application, let the County Welfare Department (County) know and someone will help you.

If you prefer to speak, read, or write in a language other than English, the County will get someone to help you at no cost to you.

How do I apply?

Use this application if you are for applying for food assistance (CalFresh), cash aid (California Work Opportunity and Responsibility to Kids or Refugee Cash Assistance), Medi-Cal and/or other health care programs. If you want to apply for CalFresh only, you can ask the County for the CalFresh only application. CalFresh is a food assistance program to help you with the cost of buying food for your household. If you want to apply for health care only, you can ask the county for a health care only application. Health care includes: low-cost insurance for Medi-Cal; affordable private health insurance; or a tax credit that can help you pay your premiums for health coverage.

You can also apply for any of these programs online by going to <http://www.benefitscal.org/>.

- Fill out the whole application form if you can. You will be asked eligibility determination questions during your interview. The SAWS 2 Plus form has those questions if you want to fill out the paper form (just ask the County). You must at least give the County your name, address and signature (question 1 on page 1 of the application) to begin the process for CalFresh. For cash aid you must fill out questions 1 through 5 on pages 1 and 2 of the application and sign it to begin the application process.
- Each program has a symbol (shown at the top of this page) showing what questions pertain to what programs. For cash aid, it is a dollar sign; for CalFresh, it is a shopping cart; and for health coverage, it is an ambulance. For example, if you are not applying for cash aid, you don't need to answer questions marked only with a dollar sign.
- Give the application to the County in person, by mail, by fax, or online.
- The day the County receives your signed application starts the time to give you an answer on whether you can get benefits. If you are in an institution, this time starts from the day you leave.

What do I do next?

- Read about your rights and your responsibilities (Program Rules pages) before you sign the application.
- You must have an interview with the County to discuss your application. If you have a disability, other arrangements can be made.
- If you did not fill out all of the application, you can finish it during your interview.
- You will need to give proof of your income, expenses, and other circumstances to see if you are eligible.

How long will it take?

It may take up to 30 days to process your application for CalFresh. For cash aid and Medi-Cal, it may take up to 45 days. Ask the County how to get your benefits or health care right away if you have an emergency.

You may be able to get CalFresh benefits within 3 calendar days if:

- Your household's monthly gross income (income before deductions) is less than \$150 and your cash on hand or in checking or savings accounts is not more than \$100; or
- Your household's housing costs (rent/mortgage and utilities) are more than your monthly gross income and money in checking or savings; or
- You are a migrant or seasonal farmworker household with less than \$100 in checking or savings and 1) your income stopped, or 2) your income has started but you do not expect to get more than \$25 in the next 10 days.

For cash aid, you may get immediate assistance if:

- You are homeless or have an eviction notice or notice to pay rent or move; or
- Your food will run out within three days;
- Your utilities have been or will be shut off;
- You don't have sufficient clothing or diapers;
- You have another kind of emergency important to health and safety.

Informational Page - Please take and keep for your records.

To help the County see if you can get benefits faster, please complete question 1 on this form and questions 6 through 9, 15 and 24 on the SAWS 2 PLUS. Give the County proof of your identity (if you have it) with the application.

The County will send you a letter to let you know if your household is approved or denied for the benefits you applied for.

What do I need for my interview?

To avoid delays, bring proof of the following items with you to your interview. Keep your interview even if you do not have the proof. The County may be able to help if you need help getting proof. During the interview, the County will go over the information on the application and will ask you questions to see if you can get benefits and the amount of benefits you can get.

Proof Needed to Get Benefits

- Identification (Driver's License, State ID card, passport).
- Birth certificates for everyone applying for cash aid.
- Proof of where you live (rental agreement, current bill with your address listed).
- Social Security Numbers for everyone applying for aid (see note below about certain noncitizens).
- Money in the bank for all the people in your household (recent bank statements).
- Earned income of everyone in your household for the past 30 days (recent pay stubs, a work statement from an employer). **NOTE:** If self-employed, income and expenses or tax records.
- Unearned income (Unemployment benefits, SSI, Social Security, Veteran's benefits, child support, worker's compensation, school grants or loans, rental income, etc.).
- Lawful immigration status **ONLY** for legal noncitizens applying for benefits (an Alien Registration Card, visa).

NOTE: Certain noncitizens applying for immigration status based on domestic violence, crime prosecution or trafficking may not need this proof. They also may not need a Social Security number.

What if I am homeless?

Please let the County know right away if you are homeless so they can help you figure out an address to use to accept your application and get notices from the County regarding your case. For CalFresh and cash aid, homeless means you are:

- A. Staying in a supervised shelter, halfway house, or similar place.
- B. Staying at the home of another person or family for no more than 90 days straight.
- C. Sleeping in a place not designed for, or normally used as, a place to sleep (a hallway, a bus station, a lobby, or similar places).

Proof Needed to Get More CalFresh Benefits

- Housing costs (rent receipts, mortgage bills, property tax bill, insurance documents).
- Phone and utility costs.
- Medical expenses for anyone in your household who is elderly (60 and older) or disabled.
- Child and adult care costs due to someone working, looking for work, attending training or school, or participating in a required work activity.
- Child support paid by a person in your household.

Additional Proof Needed for Health Coverage

- Information about any job related health insurance available to your family.
- Policy numbers for any current health insurance.

Additional Proof Needed for Cash Aid

- Proof of immunizations for children six years of age or younger.
- Vehicle registration for any vehicles owned by you or someone you are applying for.

Informational Page - Please take and keep for your records.

RIGHTS AND RESPONSIBILITIES

You have a responsibility to:

- Give the County all of the information needed to determine your eligibility.
- Give the County proof of the information you have when it is needed.
- Report changes as required. The County will give you information about what, when, and how to report. For CalFresh and cash aid if you don't meet your household's reporting requirements your case may be closed or your benefits may be lowered or stopped.
- Look for, get, and keep a job or participate in other activities if the County tells you that it is required in your case.
- Fully cooperate with county, state, or federal personnel if your case is selected for review or investigation to ensure that your eligibility and benefit level were correctly figured. Failure to cooperate in these reviews will result in loss of your benefits.
- Pay back any cash aid or CalFresh benefits that you were not eligible to get.

You have the right to:

- Turn in an application for CalFresh giving only your name, address, and signature.
- Have an interpreter provided by the State at no cost if you need one.
- Have information given to the County kept confidential, unless directly related to the administration of County programs.
- Withdraw your application at any time prior to the County determining eligibility.
- Ask for help to fill out your application or help getting the proof that you need and get an explanation of the rules.
- Be treated with courtesy, consideration and respect, and not be discriminated against.
- Get CalFresh benefits within 3 days if you qualify for Expedited Service.
- Get cash aid within one day if you qualify for Immediate Need.
- Be interviewed in a reasonable amount of time by the county when you apply and to have your eligibility determined within 30 days for CalFresh or 45 days for cash aid and Medi-Cal.
- Get at least 10 days to give proof to the County that is needed to make a determination of eligibility.
- Get written notice at least 10 days before the County lowers or stops your CalFresh or cash aid benefits.
- Discuss your case with the County and to review your case when you ask to do so.
- Ask for a state hearing within 90 days if you do not agree with the County about your case. If you ask for a hearing before an action on your case takes place, your benefits will stay the same until the hearing or the end of your certification period, whichever is earlier. You can ask the County to let your benefits change until after the hearing to avoid having to pay back any overpaid benefits. If the Administrative Law Judge rules in your favor, the County will give back to you any benefits that were cut.
- Ask about your hearing rights or for a legal aid referral at the toll-free phone numbers – **1-800-952-5253** or for hearing or speech impaired who use TDD, **1-800-952-8349**. You may get free legal help at your local legal aid or welfare rights office.
- Bring a friend or someone with you to the hearing if you do not want to go alone.
- Get help from the County to register to vote.
- Report changes that you are not required to report, if it may increase your CalFresh benefits or cash aid.
- Give proof of your household's expenses that may help you get more CalFresh benefits. Not giving proof to the County is the same as saying that you do not have that expense and you will not be able to get more CalFresh benefits.
- Let the County know if you would like someone else to use your CalFresh benefits for your household or help with your CalFresh case (Authorized Representative).
- You are also giving the Medi-Cal agency the right to pursue and get medical support from a spouse or parent. If you think that cooperating to collect medical support will harm you or your children, you can tell the Medi-Cal agency and you may not have to cooperate.

Please take and keep for your records

Program Rules and Penalties

You are committing a crime if you give false or wrong information, or do not give all the information on purpose to try to get CalFresh, cash aid, and Medi-Cal, that you are not eligible to receive, or to help someone else get benefits that they are not eligible to receive. You must pay back any benefits you get that you were not eligible to receive. If you do this on purpose and get more than \$950 in benefits that you were not eligible for you can be charged with a felony.

For CalFresh: I understand that if I commit an intentional program violation by doing any of the following:

- hide information or make false statements
- use electronic benefit transfer (EBT) cards that belong to someone else or let someone else use my card
- use CalFresh benefits to buy alcohol or tobacco
- trade, sell, or give away CalFresh benefits or EBT cards
- trade CalFresh benefits for controlled substances, such as drugs
- give false information about who I am and where I live so I can get extra CalFresh benefits
- have been convicted of trading or selling CalFresh benefits worth more than \$500, or trading CalFresh benefits for firearms, ammunition, or explosives

I may...

- lose CalFresh benefits for 12 months for the first offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits for 24 months for the second offense and be required to repay all CalFresh benefits overpaid to me
- lose CalFresh benefits permanently for third offense and be required to repay all CalFresh benefits overpaid to me
- be fined up to \$250,000, imprisoned up to 20 years, or both
- lose CalFresh benefits for 24 months for the first offense
- lose CalFresh benefits permanently for the second offense.
- lose CalFresh benefits for 10 years for each offense
- lose CalFresh benefits forever

For cash aid I understand that if I...

- am convicted of an intentional program violation
- do not follow cash aid rules
- am found guilty by a court of law or an administrative hearing of committing certain types of fraud

I may...

- lose my cash aid
- be fined up to \$10,000 and/or sent to jail/prison for 5 years
- lose cash aid for 6 months, 12 months, 2 years, 4 years, 5 years, or forever.

Important Information for Noncitizens

- You can apply for and get CalFresh benefits or cash aid for people who are eligible, even if your family includes others who are not eligible. For example, immigrant parents may apply for CalFresh benefits or cash aid for their U.S. citizen or qualified immigrant children, even though the parents may not be eligible.
- Getting food benefits will not affect you or your family's immigration status. Immigration information is private and confidential.
- The immigration status of noncitizens who are eligible and apply for benefits will be checked with the U.S. Citizenship and Immigration Services (USCIS). Federal law says the USCIS cannot use the information for anything else except cases of fraud.

Opting Out

You do not have to give immigration information, Social Security numbers, or documents for any noncitizen family member(s) who are not applying for benefits. The County will need to know their income and resource information to correctly determine your household's benefits. The County will not contact USCIS about the people who don't apply for benefits.

Use of Social Security Numbers (SSN)

CalFresh and Cash Aid: Everyone applying for CalFresh benefits or cash aid needs to provide a SSN, if you have one, or proof that you have applied for a SSN (such as a letter from the Social Security office). We can deny you or any member of your household who does not give us a SSN. Some people do not have to give SSNs to get help such as, victims of domestic abuse, crime prosecution witnesses, and trafficking victims.

Health Coverage/Medi-Cal: We need your SSN if you want health coverage and have a SSN. Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting a SSN, Call 1-800-772-1213 or visit the website: www.socialsecurity.gov

Overissuance

This means you got more CalFresh benefits than you should have. You will have to pay it back even if the county made an error or if it wasn't on purpose. Your benefits may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Please take and keep for your records

Overpayment

This means that you got more cash aid than you should have gotten. Just like with CalFresh benefits, you will have to pay it back even if the County made an error or if it wasn't on purpose. Your cash aid may be lowered or stopped. Your SSN may be used to collect the amount of benefits owed, through the courts, other collection agencies, or federal government collection action.

Reporting

Every household that gets benefits must report certain changes. Your county will tell you what changes to report, how to report them, and when to report them. Failure to report the changes may result in your benefits being lowered or stopped. You can also report if things happen that may increase your benefits, such as getting less income.

State Hearings

You have the right to a state hearing if you do not agree with any action taken regarding your application or your ongoing benefits. You can request a state hearing within 90 days of the County's action and you must tell why you want a hearing. The approval or denial notice you receive from the County will have information on how to request an appeal. If you ask for a hearing before the action happens, you may be able to keep your cash aid and CalFresh benefits the same until a decision is made.

Privacy Act and Disclosure

You are giving personal information in the application. The County uses the information to see if you are eligible for benefits. If you do not give the information, the County may deny your application. You have a right to review, change, or correct any information that you gave to the County. The County will not show your information or give it to others unless you give them permission or federal and state law allows them to do so. The County will verify this information through computer matching programs, including the Income and Earnings Verification System (IEVS). This information will be used to monitor compliance with program regulations and for program management. The County may share this information with other federal and state agencies for official examination, with law enforcement officials for the purpose of arresting persons fleeing to avoid the law, and with private claims collection agencies for claims collection action. The County may verify immigration status of household members applying for benefits by contacting the USCIS. Information the County gets from these agencies may affect your eligibility and level of benefits.

The County will use the information from your application to check your eligibility for help with paying for health coverage. The County will check your answers using information in state and federal electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, the County may ask you to send proof.

Nondiscrimination

It is the State and County's policy that all people be treated equally, and with respect and dignity. In accordance with federal law and the U.S. Department of Agriculture (USDA) Policy, discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disabilities is strictly prohibited.

To file a complaint of discrimination, either contact your County's Civil Rights Coordinator, or write to, or call, the USDA or California Department of Social Services (CDSS):

USDA, Director
Office of Civil Rights, Room 326-W
Whitten Building
1400 Independence Ave.
Washington D.C. 20250-9410
1-202-720-5964 (voice and TDD)

CDSS
Civil Rights Bureau
P.O.BOX 944243, M.S. 8-16-70
Sacramento, CA 94244-2430
1-866-741-6241 (Toll Free)

USDA is an equal opportunity employer.

Work Rules for CalFresh

The county may assign you to a work program. They will tell you if it is voluntary or if you must do the work program. If you have a mandatory work activity and you do not do it, your benefits may be lowered or stopped.

You may not be eligible for CalFresh if you have recently quit a job.

Please take and keep for your records

Work Rules for CalWORKs (Welfare-to-Work)

If you get cash aid, you must participate in Welfare-to-Work (WTW) unless you are exempt. The county will tell you if you are exempt from WTW. If you do not do your assigned activities your cash aid may be lowered or stopped.

CalWORKs - Fingerprinting/Photo Imaging

All eligible adult household members for cash aid must be fingerprinted/photo-imaged. If anyone who is required to cooperate with these rules does not get fingerprinted/photo-imaged, no benefits will be issued to the entire household. The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

How do I get and use my benefits?

CalFresh and Cash Aid:

- The County will mail or give you a plastic Electronic Benefit Transfer (EBT) card. Benefits will be put on the card when your application is approved. Sign your card when you get it. You will set up a Personal Identification Number (PIN) to get cash from ATMs or to buy food and/or other items.
- If your EBT card is lost, stolen, or destroyed, call (877) 328-9677 right away. Also, you may call the County right away. Make sure your authorized representative also knows how to report a lost or stolen EBT card or PIN. Any benefits taken from your account before you report the EBT card or PIN lost or stolen will **NOT** be replaced.
- You can use your CalFresh benefits to buy almost all foods, as well as seeds and plants to grow your own food. You cannot buy alcohol, tobacco, pet food, some types of cooked food, or anything that is not food (like toothpaste, soap, or paper towels).
- CalFresh benefits are accepted at most grocery stores and other places that sell food. Cash aid can be used at most stores and most ATMs. Some ATMs may charge a fee. There may also be a fee if you use an ATM to get cash after three withdrawals. For a list of locations near you that accept EBT please go to: <https://www.ebt.ca.gov> or <https://www.snapfresh.org>. You can also find out where you can get cash without paying a fee.
- CalFresh benefits are only for you and your household members. Your cash aid is only for you and the members of your family who were approved for cash aid. Your cash aid is to help meet the basic needs of your family (housing, food, clothing, etc.). Keep your benefits safe. Do not give out your PIN number. Do not keep your PIN number with your EBT card.
- Any use of your EBT card by you a household member, your authorized representative, or anyone you voluntarily give your EBT card and PIN to will be considered approved by you and any benefits taken from your account will **NOT** be replaced.

Medi-Cal and Health Care:

- For Medi-Cal, you will receive a Benefits Identification Card (BIC):
 - Sign your BIC when you get it and use it only to get necessary health care services.
 - Never throw your BIC away (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
 - Take the BIC to your medical provider when you or a family member is sick or has an appointment.
 - Take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.
 - For other health care programs you will receive a health plan card from your particular carrier.
-

Please take and keep for your records

Please use black or blue ink because it is easy to read and copies best. Please print your answers.

If you need more space to answer a question(s), attach additional sheets of paper to provide the information. Please be sure to identify which question you are writing about on the additional sheets of paper.

1. APPLICANT'S INFORMATION

NAME (FIRST, MIDDLE, LAST)		OTHER NAMES (MAIDEN, NICKNAMES, ETC.)		SOCIAL SECURITY NUMBER (IF YOU HAVE ONE AND ARE APPLYING FOR BENEFITS)	
HOME ADDRESS OR DIRECTIONS TO YOUR HOME	APARTMENT #	CITY	COUNTY	STATE	ZIP CODE
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)	APARTMENT #	CITY	COUNTY	STATE	ZIP CODE

I want to get information about this application by email. ☐ Yes ☐ No

I want to get messages about my case by email. ☐ Yes ☐ No

HOME PHONE

WORK/ALTERNATE/MESSAGE PHONE

EMAIL ADDRESS

What programs are you applying for?

☐ CalFresh ☐ Cash Aid ☐ Health Coverage

Do you have a disability and need help applying? ☐ Yes ☐ No

Are you homeless? ☐ Yes ☐ No If yes, please let the County know right away if you are homeless, so they can help you figure out an address to use to accept your application and get notices from the county about your case.

What language do you prefer to read (if not English)?

What language do you prefer to speak (if not English)?

The County will provide an interpreter at no cost to you. If you are deaf or hard of hearing please check here ☐

☐ Is your household's gross income less than \$150 and cash on hand, checking and savings accounts of \$100 or less?	☐ Yes ☐ No	☐ Have your utilities been shut off or do you have a shut-off notice?	☐ Yes ☐ No
☐ Is your household's combined gross income and liquid resources less than the combined rent/mortgage and utilities?	☐ Yes ☐ No	☐ Will your food run out in 3 days or less?	☐ Yes ☐ No
☐ Is your household a migrant/seasonal farm worker household with liquid resources not exceeding \$100?	☐ Yes ☐ No	☐ Do you need help with transportation to get food, clothing, medical care or other emergency item(s)?	☐ Yes ☐ No
☐ Do you have an eviction notice or a notice to pay rent or leave?	☐ Yes ☐ No	☐ Do you need essential clothing, such as diapers or clothing needed for cold weather?	☐ Yes ☐ No

Is anyone pregnant? ☐ Yes ☐ No If yes, did she get a Presumptive Eligibility card? ☐ Yes ☐ No

Does anyone in your household have a personal emergency? ☐ Yes ☐ No If yes, check box: ☐ Pregnancy
☐ Immediate Medical Need ☐ Child Abuse ☐ Domestic Abuse ☐ Elder Abuse ☐ Other emergency which threatens health or safety. Explain:

I understand that by signing this application under penalty of perjury (making false statements), that:

- I read, or had read to me, the information in this application and my answers to the questions in this application.
- My answers to the questions are true and complete to the best of my knowledge.
- Any answers I may give for my application process will be true and complete to the best of my knowledge.
- I read or had read to me and I understand and agree to the Rights and Responsibilities (Program Rules Page 1).
- I read, or had read to me, the Program Rules and Penalties (Program Rules Pages 2 - 4).
- I understand that giving false or misleading statements or misrepresenting, hiding or withholding facts to establish eligibility is fraud and that I may be subject to penalties under federal law if I provide false or untrue information. Fraud can cause a criminal case to be filed against me and/or I may be barred for a period of time (or life) from getting CalFresh benefits and cash aid.
- I understand that Social Security Numbers or Immigration Status for household members applying for benefits may be shared with the appropriate government agencies as required by federal law.
- I am giving the Medi-Cal agency the right to pursue and get any money from other health insurance, legal settlements or other third parties.

SIGNATURE OF APPLICANT, CARETAKER RELATIVE (OR ADULT HOUSEHOLD MEMBER/ AUTHORIZED REPRESENTATIVE/GUARDIAN)
*If you have an Authorized Representative please complete question 2 on next page.

DATE

SIGNATURE OF SPOUSE, OTHER PARENT, AIDED ADULT, OR REGISTERED DOMESTIC PARTNER

DATE

2. HOUSEHOLD'S AUTHORIZED REPRESENTATIVE

You may authorize someone 18 years of age or older to help your household with your CalFresh benefits. This person can also speak for you at the interview, help you complete forms, shop for you, and report changes for you. You will have to repay any benefits you may get by mistake because of information this person gives the County and any benefits you didn't want them to spend will not be replaced. If you are an Authorized Representative you will need to give the County proof of identity for yourself and the applicant.

Do you want to name someone to help you with your CalFresh case? ☐ Yes ☐ No

If yes, complete the following section:

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE PHONE NUMBER
--------------------------------	--

Do you want to name someone to receive and spend CalFresh Benefits for your household? ☐ Yes ☐ No

If yes, complete the following section:

NAME	PHONE NUMBER
ADDRESS	CITY, STATE, ZIP CODE

2a. HEALTH INSURANCE AUTHORIZED REPRESENTATIVES

You can give a trusted person permission to talk about your application for health insurance, see your information and act for you on things about this part of your application. Do you want to choose an authorized representative for the health insurance part of your application? ☐ Yes ☐ No If yes, fill out the information in Appendix C (on the SAWS 2 PLUS).

3. Are you or any member of your family American Indian or Alaskan Native? ☐ Yes ☐ No

If yes, and applying for health care, please go to Appendix B (on the SAWS 2 PLUS) for additional questions.

RACE/ETHNICITY

Race and ethnicity information is optional. It is requested to assure that benefits are given without regard to race, color, or national origin. Your answers will not affect your eligibility or benefit amount. Check all that apply to you. The law says the County must record your ethnic group and race.

☐ Check this box if you do not want to give the County information about your race and ethnicity. If you do not, the County will enter this information for civil rights statistics only.

ETHNICITY	ARE YOU OF HISPANIC, LATINO OR SPANISH ORIGIN?	IF YOU ARE OF HISPANIC OR LATINO ORIGIN, DO YOU CONSIDER YOURSELF:
	☐ Yes ☐ No	☐ Mexican ☐ Puerto Rican ☐ Cuban ☐ Other _____

RACE/ETHNIC ORIGIN

☐ White ☐ American Indian or Alaskan Native ☐ Black or African American ☐ Other or Mixed _____

☐ Asian (If checked, please select one or more of the following):

☐ Filipino ☐ Chinese ☐ Japanese ☐ Cambodian ☐ Korean ☐ Vietnamese ☐ Asian Indian ☐ Laotian

☐ Other Asian (specify) _____

☐ Native Hawaiian or Other Pacific Islander (If checked, please select one or more of the following): ☐ Native Hawaiian

☐ Guamanian or Chamorro ☐ Samoan

4. INTERVIEW PREFERENCE

You will need to have an interview with the County to discuss your application and to receive cash aid or CalFresh benefits. Interviews for CalFresh are usually done by phone, unless you can be interviewed when giving your application to the County in-person or would prefer an in-person interview. Cash aid applicants must have an in person interview. If you are applying for CalWORKs and CalFresh, your CalFresh interview will be done at the same time as your CalWORKs interview during normal office hours.

☐ Please check this box if you would prefer an in-person interview for CalFresh.

☐ Please check this box if you need other arrangements due to a disability.

5. OTHER PROGRAMS

Has anyone in your household ever received public assistance (Temporary Assistance for Needy Families, Tribal TANF, Medicaid, Supplemental Nutrition Assistance Program [food stamps], General Assistance/General Relief, etc.)? ☐ Yes ☐ No

IF YES, WHO?	WHERE (COUNTY/STATE)?
IF YES, WHO?	WHERE (COUNTY/STATE)?

R E P E A L

3/22

DEPARTMENT OF SOCIAL SERVICES
DEPARTMENT OF HEALTH SERVICES

STATEMENT OF FACTS

CASH AID, FOOD STAMPS AND MEDICAL ASSISTANCE

Fill in all the questions which tell us about the benefit(s) you are asking for. The programs are listed to the left of each question: "CA" is for Cash Aid, "FS" is for Food Stamps and "MA" is for Medical Assistance. Print all answers in ink. Use proof (such as bills, receipts and records) to help you fill out this form. Give any proof to your worker to help support your answers. If you need help, ask your worker. If you are asking for Food Stamps and you are not an adult member of the household, attach a written authorization signed by the applicant or other adult member. If you are asking for restricted Medi-Cal benefits, you do not have to answer questions on Social Security Number, birthplace and citizenship/alien status.

CA (1) Name of person applying, or caretaker relative of child(ren) for whom aid is wanted.

FS

MA

HOME ADDRESS (NUMBER, STREET) _____ MAILING ADDRESS (IF DIFFERENT) _____ HOME PHONE () _____

CITY _____ STATE _____ ZIP CODE _____ CITY _____ STATE _____ ZIP CODE _____ DAYTIME PHONE () _____

COUNTY USE ONLY

CASE NAME _____

CASE NUMBER _____

WORKER _____ DATE RCD _____

☐ New ☐ Restoration

☐ Redetermin ☐ Recert

☐ Residency verified

☐ FS ID ☐ MA ID

☐ FS Aged/Disabled verified

(2) List each adult living in the home, including yourself. List children on page 2 in item 3

CA (A) APPLICANT'S NAME (FIRST, MIDDLE, LAST) _____

FS

MA

SOCIAL SECURITY NUMBER _____ SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY) _____ BIRTHDATE ____/____/____

CITIZENSHIP/IMMIGRATION STATUS (✓)

☐ U.S. Citizen ☐ Lawful Alien—Sponsored? ☐ YES ☐ NO

☐ Undocumented Alien ☐ Refugee ☐ PRUCOL

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____

IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO

TYPE OF AID REQUESTED (✓)

☐ Cash Aid ☐ Food Stamps ☐ None

☐ Full Medi-Cal ☐ Restricted Medi-Cal

MARITAL STATUS (✓)

☐ Married ☐ Never Married ☐ Separated

☐ Divorced ☐ Common Law ☐ Widowed

CA (B) ADULT'S NAME (FIRST, MIDDLE, LAST) _____

FS

MA

SOCIAL SECURITY NUMBER _____ SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY) _____ BIRTHDATE ____/____/____

CITIZENSHIP/IMMIGRATION STATUS (✓)

☐ U.S. Citizen ☐ Lawful Alien—Sponsored? ☐ YES ☐ NO

☐ Undocumented Alien ☐ Refugee ☐ PRUCOL

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____

IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO

TYPE OF AID REQUESTED (✓)

☐ Cash Aid ☐ Food Stamps ☐ None

☐ Full Medi-Cal ☐ Restricted Medi-Cal

MARITAL STATUS (✓)

☐ Married ☐ Never Married ☐ Separated

☐ Divorced ☐ Common Law ☐ Widowed

CA (C) ADULT'S NAME (FIRST, MIDDLE, LAST) _____

FS

MA

SOCIAL SECURITY NUMBER _____ SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY) _____ BIRTHDATE ____/____/____

CITIZENSHIP/IMMIGRATION STATUS (✓)

☐ U.S. Citizen ☐ Lawful Alien—Sponsored? ☐ YES ☐ NO

☐ Undocumented Alien ☐ Refugee ☐ PRUCOL

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____

IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO

TYPE OF AID REQUESTED (✓)

☐ Cash Aid ☐ Food Stamps ☐ None

☐ Full Medi-Cal ☐ Restricted Medi-Cal

MARITAL STATUS (✓)

☐ Married ☐ Never Married ☐ Separated

☐ Divorced ☐ Common Law ☐ Widowed

CA (D) ADULT'S NAME (FIRST, MIDDLE, LAST) _____

FS

MA

SOCIAL SECURITY NUMBER _____ SEX (✓) ☐ M ☐ F

BIRTHPLACE (CITY/STATE/COUNTRY) _____ BIRTHDATE ____/____/____

CITIZENSHIP/IMMIGRATION STATUS (✓)

☐ U.S. Citizen ☐ Lawful Alien—Sponsored? ☐ YES ☐ NO

☐ Undocumented Alien ☐ Refugee ☐ PRUCOL

RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE _____

IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO

TYPE OF AID REQUESTED (✓)

☐ Cash Aid ☐ Food Stamps ☐ None

☐ Full Medi-Cal ☐ Restricted Medi-Cal

MARITAL STATUS (✓)

☐ Married ☐ Never Married ☐ Separated

☐ Divorced ☐ Common Law ☐ Widowed

SFU (✓) AU (✓) MFBU (✓) Fed/State Only FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

AFDC FS

☐ SSN verified

☐ Citizen/Alien verified

SFU (✓) AU (✓) MFBU (✓) Fed/State Only FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

AFDC FS

☐ SSN verified

☐ Citizen/Alien verified

SFU (✓) AU (✓) MFBU (✓) Fed/State Only FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

AFDC FS

☐ SSN verified

☐ Citizen/Alien verified

SFU (✓) AU (✓) MFBU (✓) Fed/State Only FS Non-HH/Excluded Member Code

Work Registration/Exemption Codes:

AFDC FS

☐ SSN verified

☐ Citizen/Alien verified

FS Non-Household/Excluded Member Codes (63-402)

1. Separate household (.12, .13) (Purchase/prepare)
2. Separate household (.15) (Elderly/disabled)
3. Roomer (.211) (must be listed in 13).
4. Live-in attendant (.212)
5. Other (.213) (Shared living quarters)
6. Ineligible alien (.221)
7. Boarder (.3) (must be listed in 13).
8. SSN disqualified (.222)
9. IPV disqualified (.223)
10. Workfare sanctioned (.224)
11. SSI/SSP recipient (.225)
12. Ineligible student (.226)
13. Work requirement disqualified (.227)
14. Questionable citizenship (403.312)

FS Work Exemption Codes (63-407.21)

- a. Under 16/60 or older
- a(1) 16/17 not head of household; or 16/17 in school/training at least 1/2 time
- b. Mentally/physically unfit
- c. GAIN registered

- d. Cares for child under 6 or incapacitated person
- e. UIB registered
- f. Participant in drug/alcohol program 30 hour week/min. x 30
- h. Meets student eligibility requirements

3 List each child living in the home. Include children who are out of the home for a short time or who are claimed by you as a tax dependent.

COUNTY USE ONLY

CHILD'S INFORMATION				CITIZEN/IMMIGRATION STATUS				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
(A) CHILD'S NAME (FIRST, MIDDLE, LAST)				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								
CA (A) CHILD'S NAME (FIRST, MIDDLE, LAST)				CITIZEN/IMMIGRATION STATUS (✓)				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
FS MA				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								
CA (B) CHILD'S NAME (FIRST, MIDDLE, LAST)				CITIZEN/IMMIGRATION STATUS (✓)				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
FS MA				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								
CA (C) CHILD'S NAME (FIRST, MIDDLE, LAST)				CITIZEN/IMMIGRATION STATUS (✓)				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
FS MA				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								
CA (D) CHILD'S NAME (FIRST, MIDDLE, LAST)				CITIZEN/IMMIGRATION STATUS (✓)				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
FS MA				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								
CA (E) CHILD'S NAME (FIRST, MIDDLE, LAST)				CITIZEN/IMMIGRATION STATUS (✓)				CHILDREN NEED AID BECAUSE OF PARENTS' (CHECK (✓) BELOW)				COUNTY USE ONLY				
FS MA				☐ U. S. Citizen ☐ Lawful Alien Sponsored? ☐ YES ☐ NO ☐ Undocumented Alien ☐ Refugee ☐ PRUCOL				DEATH DISABILITY ABSENCE UNEMPLOYMENT				SFU	AU	MFBU	Fed/State Only	FS Non-HH/Excluded Member Code
SOCIAL SECURITY NUMBER		SEX (✓) ☐ M ☐ F		BIRTHDATE				IS THIS PERSON BLIND OR DISABLED? ☐ YES ☐ NO				Work Registration/Exemption Codes: AFDC FS				
BIRTHPLACE (CITY/STATE/COUNTRY)				MOTHER'S NAME				FATHER'S NAME				Verified: ☐ Deprivation ☐ Age ☐ Citizen/Alien ☐ SSN				
TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ Food Stamps ☐ None ☐ Full Medi-Cal ☐ Restricted Medi-Cal				RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE				IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO								

CA 4 Does anyone listed above want aid because of pregnancy?
MA If "YES" complete below:

☐ YES ☐ NO

COUNTY USE ONLY

WHO IS PREGNANT

EXPECTED DATE OF BIRTH

FATHER OF THE UNBORN

CHECK (✓) THE BOX(ES) THAT APPLIES TO THE FATHER OF THE UNBORN

☐ Deceased

☐ Disabled

☐ Absent

☐ Unemployed

CA 5 If the other parent(s) of the child(ren) or unborn does not live with you,
MA complete below:

PARENT NAME

REASON

DATE LAST LIVED TOGETHER

PARENT NAME

REASON

DATE LAST LIVED TOGETHER

PARENT NAME

REASON

DATE LAST LIVED TOGETHER

CA 6 Has anyone changed citizen/immigration status in the last 12 months?
FS If "YES", Who:
MA

☐ YES ☐ NO

WHO

WHAT CHANGED

DATE

ALIEN NUMBER (IF APPLICABLE)

CA 7 Is anyone living in the home a foster child?
FS If "YES", who:

☐ YES ☐ NO

CA 8 Has anyone ever used any other name (maiden, adoptive, etc.)?
FS If "YES" complete below:
MA

☐ YES ☐ NO

WHO

OTHER NAMES USED

WHO

OTHER NAMES USED

CA 9 Does everyone currently live in California and plan to continue living here?
FS If "NO", explain:
MA

☐ YES ☐ NO

MA 10 Are you or any family member claimed as a deduction for income tax purposes by a
person who does not live with you?
If "YES", who:

☐ YES ☐ NO

NAME

ADDRESS

RELATIONSHIP

NAME

ADDRESS

RELATIONSHIP

CA 11 A. Has anyone ever been discontinued from Cash Aid, Food Stamps, Medical
FS Assistance, or due to non-cooperation for any reason, including a quality control
MA review; or because of work or training sanctions?
If "YES", explain below:

☐ YES ☐ NO

WHO

WHY

WHEN

WHAT COUNTY/STATE

FS B. Has anyone ever been disqualified from the Food Stamp Program for 6 months, 12
months, or permanently because of an intentional Program Violation(s)?
If "YES", explain below:

☐ YES ☐ NO

WHO

WHY

WHEN

WHAT COUNTY/STATE

FS 12 Does anyone buy food and fix meals separately from others in the home?
If "YES", explain who:

☐ YES ☐ NO

Separate household requested:

☐ YES ☐ NO

FS 13 Is anyone age 60 or older and unable to buy food and fix meals separately
because of a disability?
If "YES", explain who:

☐ YES ☐ NO

CA 14 A. Does anyone pay you for meals and/or a room?
FS If "YES", complete below:

☐ YES ☐ NO

NAME

CHECK (✓)

☐ Meals ☐ Room ☐ Both

HOW MUCH

HOW OFTEN

NO. OF MEALS PER DAY

Household Elects

BOARDER

NH MEMBER

ROOMER

B. Do you pay someone else for meals and/or a room? If "YES", complete below:

☐ YES ☐ NO

NAME

CHECK (✓)

☐ Meals ☐ Room ☐ Both

HOW MUCH

HOW OFTEN

NO. OF MEALS PER DAY

- FS 15 Does anyone get food from any program such as Meals on Wheels, a food distribution program operated by an Indian reservation, communal dining facility for the elderly or disabled or any other program? ☐ YES ☐ NO
IF "YES", complete below:

WHO	NAME OF PROGRAM
WHO	NAME OF PROGRAM
WHO	NAME OF PROGRAM

COUNTY USE ONLY

- CA FS MA 16 A Does anyone currently live in any of the following: a center, shelter, hospital, subsidized housing for the elderly, nursing home, drug or alcohol rehabilitation center, group living arrangement for the disabled/blind, board and care home, penal institution/correctional facility, or psychiatric hospital/mental institution? ☐ YES ☐ NO
IF "YES", complete below:

WHO:	NAME OF CENTER, SHELTER, HOSPITAL, ETC:
DATE ENTERED:	DATE EXPECTED TO LEAVE:
MA B. Does the person who is in a hospital or nursing home have a spouse or minor child at home?	☐ YES ☐ NO
MA C. Does he/she expect to return to his/her primary residence?	☐ YES ☐ NO
IF "YES", complete below:	

FS Eligible Institution
☐ YES ☐ NO

CA Eligible
☐ YES ☐ NO

WHO	WHEN
-----	------

- CA FS MA 17 Is anyone age 16 or older enrolled in school, college, or a training program? ☐ YES ☐ NO
If YES, complete below:

CA FS MA	A. NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) ☐ Full time ☐ Half time ☐ Other (Specify):	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO
	NAME	AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM ENROLLED CHECK (✓) ☐ Full time ☐ Half time ☐ Other (specify):	UNITS/HOURS PER WEEK	EXPECTED DATE OF GRADUATION	WORKING? ☐ YES ☐ NO

School Enrollment Verif.
☐ YES ☐ NO

Date Verified:
FS Eligible Student
☐ YES ☐ NO

School Enrollment Verif.
☐ YES ☐ NO

Date Verified:
FS Eligible Student
☐ YES ☐ NO

- CA FS MA B. Complete below for anyone enrolled in college or attending a similar educational institution.

TERM ☐ Semester ☐ Year ☐ Quarter	TUITION/FEES PER TERM \$	BOOKS, EQUIPMENT, ETC., PER TERM \$
ROUND TRIP PER DAY TO SCHOOL/CHILD CARE (MILES)	DAYS ATTENDING PER WEEK	TRANSPORTATION USED
TRANSPORTATION COST PER WEEK \$	AMOUNT PAID BY RIDERS \$	PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$

Expenses Verified
☐ YES ☐ NO

Date Verified

- CA 18 A. Is anyone 16 through 19 years of age a parent? ☐ YES ☐ NO
IF "YES", complete below:

NAME	AGE	HIGH SCHOOL GRADUATION STATUS. CHECK (✓) ☐ High School diploma ☐ GED ☐ None ☐ Other (explain):
NAME	AGE	HIGH SCHOOL GRADUATION STATUS. CHECK (✓) ☐ High School diploma ☐ GED ☐ None ☐ Other (explain):

☐ Referred to GAIN

- CA B. Does this parent's child live in the home? ☐ YES ☐ NO

- CA MA 19 Has anyone been in the U.S. Military Service or is anyone the spouse, parent or child of a person who has been in the military service? ☐ YES ☐ NO
If YES, explain: (List name, branch of service, etc.)

☐ CA 5

CA (20) Is anyone working now or expect to be working in the next 2 months? ☐ YES ☐ NO
FS (including children)
MA If "YES", complete below.
(NOTE: If self-employed, list and explain expenses on a separate sheet of paper and attach it to this form.)

NAME	SELF-EMPLOYED ☐ YES ☐ NO	EMPLOYER NAME	OCCUPATION
DAYS/HOURS WORKED PER MONTH	OAT DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO
NAME	SELF-EMPLOYED ☐ YES ☐ NO	EMPLOYER NAME	OCCUPATION
DAYS/HOURS WORKED PER MONTH	OAT DATE(S)	WAGES BEFORE DEDUCTIONS \$ per	TIPS OR COMMISSIONS ☐ YES Amount \$ ☐ NO

COUNTY USE ONLY

Earnings and Expenses
(*) Check if exempt

CA	FS	MA	Self-employed farmer?
☐	☐	☐	☐ YES ☐ NO
			☐ Verified
CA	FS	MA	Self-employed farmer?
☐	☐	☐	☐ YES ☐ NO
			☐ Verified
			☐ Verified

CA (21) Does anyone pay for care of a child, disabled adult, or other dependent?
FS If "YES", complete below.
MA

WHO RECEIVES THE CARE?	WHO PAYS	AMOUNT/MONTH \$ every
		\$ every

CA (22) Does anyone pay for child or spousal support?
MA If "YES", complete below.

WHO PAYS	FOR WHOM?	AMOUNT PER MONTH \$ every
		\$ every

CA (23) Has anyone stopped or refused work or training within the last 60 days?
FS If "YES", complete below.
MA

NAME	HOURS OF WORK/TRAINING ☐ Weekly ☐ Monthly	Did he or she get or does he or she expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO
AME AND ADDRESS OF EMPLOYER/PROGRAM		LAST PAYCHECK RECEIVED (DATE):
		AMOUNT BEFORE DEDUCTIONS: \$
		EXPECTED CHECK (DATE):
		AMOUNT BEFORE DEDUCTIONS: \$
		LAST DAY OF WORK/TRAINING:
		REASON FOR LEAVING JOB/TRAINING:

Court Order on File? ☐ YES ☐ NO
Amount Ordered \$
Court Petitioned ☐ YES ☐ NO

CA	FS	MA
30 days	60 days	30 days

Empl. Statement ☐ YES ☐ NO
Good Cause Determ.. ☐ YES ☐ NO
Voluntary Quit? ☐ YES ☐ NO

FS Vol. Quit or Refusal
☐ Work history last 90 days.

ME	HOURS OF WORK/TRAINING ☐ Weekly ☐ Monthly	Did he or she get or does he or she expect to get wages or benefits this month? If "YES", complete below. ☐ YES ☐ NO
ME AND ADDRESS OF EMPLOYER/PROGRAM		LAST PAYCHECK RECEIVED (DATE):
		AMOUNT BEFORE DEDUCTIONS: \$
		EXPECTED CHECK (DATE):
		AMOUNT BEFORE DEDUCTIONS: \$
		LAST DAY OF WORK/TRAINING:
		REASON FOR LEAVING JOB/TRAINING:

CA 30 days FS 60 days MA 30 days

Empl. Statement ☐ YES ☐ NO
Good Cause Determ.. ☐ YES ☐ NO
Voluntary Quit? ☐ YES ☐ NO

FS Vol. Quit or Refusal
☐ Work history last 90 days.

(24) Is anyone on strike?
If "YES", complete below.

OF STRIKER	NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM
OF UNION	
WENT ON STRIKE	

Strike Regs Apply ☐ YES ☐ NO
☐ CA ☐ FS ☐ MA

(25) Has anyone applied for or received unemployment or disability insurance benefits in the last 12 months?
If "YES", complete below.

DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED
DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED

- (26) Has any parent living in the home worked or been in training in the past 5 years. If "YES", complete below. ☐ YES ☐ NO
- Include all work done outside the U.S.
 - Include work done in exchange for something besides money, such as rent, food, utilities or anything else.

COUNTY USE ONLY

Principal earner/UIB requirements

Earnings from month prior to month of application

App Date: _____

Earnings from _____ to _____

MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO

A. Name: _____
Begin with this person's most recent job or training.

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / To / / MO DAY YR	Amount Paid \$ Weekly Monthly	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / To / / MO DAY YR	Amount Paid \$ Weekly Monthly
1. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	5. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
2. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	6. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
3. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	7. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
4. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	8. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly

B. Name: _____
Begin with this person's most recent job or training.

Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / To / / MO DAY YR	Amount Paid \$ Weekly Monthly	Name and Address of Employer or Training Program (✓) Check, If Work or Training	When Employed From / / To / / MO DAY YR	Amount Paid \$ Weekly Monthly
1. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	5. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
2. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	6. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
3. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	7. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly
4. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly	8. ☐ Work ☐ Training	From / / To / /	\$ Weekly Monthly

Total earnings: _____

UIB:

- ☐ Must apply for
☐ Currently Receiving
☐ Ineligible/Reason:
☐ Verif. on file

App Date: _____

Earnings from _____ to _____

MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO
MO	MO	MO	MO

Total earnings: _____

UIB:

- ☐ Must apply for
☐ Currently Receiving
☐ Ineligible/Reason:
☐ Verif. on file

COUNTY USE ONLY

PRINCIPAL EARNER (PE)

DATE OF APPLICATION

QUARTER OF APPLICATION

PE* eligible or would have been eligible to receive UIB in last 12 months? ☐ YES ☐ NO

Redetermination — Federal eligibility was determined per ☐ CA 2 ☐ JA 2 ☐ SAWS 2 ☐ MC210 Date: _____

Do only for the PE*	Begin with the quarter prior to the quarter of application	Year													
		Quarter													
		Work (\$50)													
		Training (CWEP/WIN DEMO/GAIN)													

Are there 6 quarters of work and/or training within any one of the 13 consecutive quarter periods? ☐ YES ☐ NO

The last day PE worked? _____ Case is ☐ Non-Fed ☐ Fed effective _____

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

CA FS MA (27) A. Has anyone applied for or does anyone get or expect to get money from any of the following sources. Check (✓) below.

COUNTY USE ONLY

- | | | | |
|--|--|---|--|
| • Training | | • Veterans | |
| -Work study, JTPA | | -Disability | |
| -GAIN or other program | | -GI bill | |
| -Other training allowance | | • Military allotment or pension | |
| • Educational grants, loans and scholarships | | • Railroad Retirement | |
| • Cash Aid | | -Disability | |
| -AFDC | | -Retirement | |
| -Refugee Assistance | | • Other private or federal, state, or local government agency | |
| -GA/GR (General Assistance) | | -Disability | |
| • Worker's Compensation | | -Retirement | |
| • Child/Spousal Support | | • Other pension or disability | |
| • Strike benefits | | • Other Insurance Benefits | |
| • Vacation pay | | • Loans, gifts, contributions | |
| • Unemployment Insurance Benefits (UIB) | | • Income from rental property | |
| • State Disability Insurance (SDI) | | • Winnings (bingo, lottery, prizes, etc) | |
| • Legal or insurance settlements/court actions pending | | • Sale of property, contracts, trust deeds, Promissory notes | |
| • Social Security | | • Jury duty | |
| -SSI | | Other (Specify) | |
| -Disability | | | |
| -Retirement or survivors | | | |

- ☐ Casualty Unit Notified
☐ Verif(s) on File
Explain Anticip. Income
☐ DFA 285-C

If "YES", complete below

WHO	WHAT	AMOUNT (BEFORE DEDUCTIONS, IF ANY)	WHEN	HOW OFTEN	(✓) If exempt		
					CA	FS	MA

CA FS MA B. Does anyone expect a change in the current amount of money received now such as a cost-of-living raise? ☐ YES ☐ NO
If "YES", complete below.

Verified: ☐ YES ☐ NO

WHO	WHAT	AMOUNT	WHEN

CA FS MA (28) Does anyone get housing or rent, utilities, food or clothing free or in exchange for work? ☐ YES ☐ NO
If "YES", complete below.

In-Kind Income

Verif. on file ☐ YES ☐ NO

ITEM RECEIVED	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent ☐ Free ☐ Exchange		\$	
Utilities ☐ Free ☐ Exchange		\$	
Food ☐ Free ☐ Exchange		\$	
Clothing ☐ Free ☐ Exchange		\$	

Partial	Full	
	Earned	Unearned
☐	☐	☐
☐	☐	☐
☐	☐	☐
☐	☐	☐

CA FS MA (29) Does anyone own or is anyone buying real estate, such as land and/or buildings anywhere, including outside the U.S.? ☐ YES ☐ NO
If "YES", complete below. Include land and/or buildings in which the title is shared

Home Exempt ☐ YES ☐ NO
Other Real Property

TYPE (LAND, HOUSE, PARTMENT, ETC.)	USE (HOME, RENTAL, ETC.)	ADDRESS OR LOCATION	OWNERS	AMOUNT OWED
				\$
				\$
				\$

Market Value \$
Amount Owed \$
Net Value \$

Lien Applicable
☐ YES ☐ NO

CA FS MA **30 A. Does anyone have any of the following resources?**

Check (✓) each item either "YES" or "NO".

- Include all resources owned, used, controlled, shared or held jointly with or for another person(s).
- Include resources on which persons listed in (2) and (3) are named (even for convenience only).
- The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (when or for another person(s))		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, trusts, deeds, contracts of sale, etc.		
Saving accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance		
Oil, mining, or mineral rights			Life estate		
Burial/Funeral arrangements or Burial Trusts			Other (explain)		
Income tax refund					

IF YES, COMPLETE BELOW

TYPE OF RESOURCE	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE	Check (✓) if exempt	
					AFDC	FS

CA FS MA **B. Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.?** ☐ YES ☐ NO

If "YES", complete below.

WHO	SOURCE OF MONEY	AMOUNT	HOW OFTEN

MA **31 Are there any liens recorded against any property owned by you or the property of a family member that is used as security for health care services?** ☐ YES ☐ NO

If "YES", complete below.

LIEN AMOUNT	LOCATION OF PROPERTY	LIEN RECORDED BY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED

CA FS MA **32 Does anyone own any personal property which costs at least \$100, or which is now worth at least \$100, such as:**

- boats, 3-wheelers, off-road vehicles, snowmobiles, mobile homes, campers, or trailers
- guns, sporting goods, tools, computers or computer equipment, etc.
- jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.,)
- pets or livestock

If "YES", complete below.

ITEM	DATE BOUGHT	PURCHASE PRICE: (If a gift check (✓) and list current value)	AMOUNT OWED	ITEM	DATE BOUGHT	PURCHASE PRICE: (If a gift check (✓) and list current value)	AMOUNT OWED
		\$ ☐ Gift	\$			\$ ☐ Gift	\$
		\$ ☐ Gift	\$			\$ ☐ Gift	\$
		\$ ☐ Gift	\$			\$ ☐ Gift	\$

Total Value \$ _____

COUNTY USE ONLY

☐ Trust Fund/Not Court Ordered

☐ Court Petitioned Date _____

☐ Resource Verified:
Explain how: _____

Total Value = _____

☐ Burial Reserve or Trust

☐ Revocable

☐ Irrevocable

☐ Designated Fund and Current Value

\$ _____

CA
FS
MA

- 33 Has anyone sold, spent, traded, or given away any real property such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? (List any property sold or traded within the last 2 years for Cash Aid, within the last 3 months for Food Stamps and within the last 2 1/2 years [30 months] for Medical Assistance).
If "YES", explain what and when:

☐ YES ☐ NO

COUNTY USE ONLY

Closed Bank Accts:

- ☒ Food Stamps in last 3 months
☐ Cash Aid in last 2 years
☐ Medi-Cal in last 2 1/2 years (30 months.)

CA
FS
MA

- 34 A. Does anyone own or use, or have their name on the registration of any motor vehicles, even if not running?
If "YES", complete below:

☐ YES ☐ NO

OWNER OF VEHICLE	NAME OF PERSON WHO USES VEHICLE	YEAR, MAKE AND MODEL	LICENSE/STATE OF REGISTRATION	MONTHLY PAYMENT	BALANCE OWED
		CURRENTLY LICENSED? ☐ YES ☐ NO			
		CURRENTLY LICENSED? ☐ YES ☐ NO			
		CURRENTLY LICENSED? ☐ YES ☐ NO			

Commute Vehicle Valuation in County Use Section Below.

☐ Exempt☐ Exempt☐ Exempt

- CA FS MA B. Are any of the above vehicles used to go to work, school, or training, or used for transportation of a handicapped person?
If "YES", complete below:

☐ YES ☐ NO

WHICH VEHICLE	NAME OF PERSON WHO USES VEHICLE	REASON FOR USE

- CA FS MA C. Are any of the above vehicles used as a home?
If "YES", complete below:

☐ YES ☐ NO

WHICH VEHICLE	NAME OF PERSON WHO USES VEHICLE	LOCATION

COUNTY USE ONLY

Food Stamp Vehicle Valuation

A Home, income producing or handicap	VEHICLE (1)	VEHICLE (2)	VEHICLE (3)	B Values () ()			
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	FMV			
Under \$4500	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	FMV			
Exempt? For H.H. Use? Work, seek work, school, training?	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	EXCESS Value			
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	FMV			
	☐ YES ☐ NO	☐ YES ☐ NO	☐ YES ☐ NO	Minus Encumbrance			
				Equity Value			

FS Vehicle Valuation
(Enter date of blue book issue or other documentation)

- (1) _____
(2) _____
(3) _____

Total Equity Value:
\$

AFDC Vehicle Valuation

Class	(1)	(2)	(3)
Year			
Value			
Amount Owed			
Net Value			
\$1500 Exempt			
1 MV Only			
Total Value			
Excess Value			

Medi-Cal Valuation

Vehicle Market Value \$ _____
Less Encumbrances \$ _____
Net Value \$ _____

AFDC—Total Excess Value:
\$MA—Total Value:
\$

FS (35) A. Does anyone have any housing costs? ☐ YES ☐ NO
If "YES", complete below:

	YES	NO	HOW MUCH	HOW OFTEN BILLED
Rent				
House payment				
Property taxes (if not in house payment)				
Insurance (if not in house payment)				
Other housing costs (explain)				

COUNTY USE ONLY

Verify all housing costs

Total housing \$ _____

☐ Shared housing

FS B. Does anyone else pay all or part of your housing? ☐ YES ☐ NO
If "YES", complete below:

TYPE OF HOUSING	WHO PAYS	HOW MUCH	HOW OFTEN BILLED

FS (36) A. Does anyone have any utility costs? ☐ YES ☐ NO
If "YES", complete below:

	BILLED		HOW MUCH	HOW OFTEN BILLED
	YES	NO		
Gas or Electricity (for heating or cooling)			\$	
Propane, Oil, Wood, or Other fuel (for heating)			\$	
Gas, Electricity or Other fuel (for cooking)			\$	
Water			\$	
Sewage			\$	
Garbage or Trash			\$	
Telephone (Basic rate)			\$	
Installation of utilities			\$	
Other (specify)			\$	

Verify client utilities

Total Utilities \$ _____

Metered:

☐ YES ☐ NO

Client elects:

☐ Actual ☐ SUA

SUA Prorated:

☐ YES ☐ NO

FS B. Do you pay heating and/or cooling costs separately from your rent or mortgage? ☐ YES ☐ NO

FS C. Does anyone else pay all or part of your utilities? ☐ YES ☐ NO
If "YES", complete below:

TYPE OF UTILITY	WHO	HOW MUCH (\$ OR %)	HOW OFTEN BILLED

FS (37) You can authorize someone outside your household to pick up your Food Stamps for you or to use them to buy food. If you would like to authorize someone, complete below.

NAME OF REPRESENTATIVE	ADDRESS	PHONE
		()

☐ Authorized Representative's I.D. Verified

CA MA (38) Has anyone made a payment for health care services or received medical treatment this month or in the last three months before this month? ☐ YES ☐ NO
If "YES", complete below.

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDICAL FOR THOSE MONTHS	
		YES	NO	YES	NO

CA MA (39) Does anyone have MEDICARE coverage? ☐ YES ☐ NO
If "YES", complete below.

PERSON COVERED	MEDICARE CLAIM NUMBER	(✓)	MONTHLY PREMIUM	
			DEDUCTED FROM CHECK	PAID BY YOU
		Part A ☐ Part B ☐	☐ YES ☐ NO	☐ YES ☐ NO
		Part A ☐ Part B ☐	☐ YES ☐ NO	☐ YES ☐ NO

CA MA (40) Does anyone have health, dental, vision, hospitalization or long term care insurance or health plans such as Kaiser, Ross-Loss, Blue Cross, CHAMPUS, etc.? ☐ YES ☐ NO
If "YES", complete below.

INSURANCE COMPANY	PERSON(S) INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

CA MA (41) Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? ☐ YES ☐ NO
If "YES", complete below.

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

CA MA (42) Is anyone's health insurance expected to end or has it ended within the last 60 days? ☐ YES ☐ NO
If "YES", complete below.

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

CA MA (43) Does anyone have a medical condition(s) or situation(s) that requires any of the following considerations? Check (✓) the item which applies to you.

	YES	NO		YES	NO
Special diet—prescribed by a doctor			No place to live		
Special transportation need			Very high use of utilities		
Special telephone or other equipment			Special laundry service		
Housework (no one in the home can do it)			Other (specify):		

If "YES", explain below.

COUNTY USE ONLY

☐ MC 210A

☐ Dual choice
Explanation given
Referral
NA

☐ DHS 6155

☐ DHS 6155

☐ DHS 6155

☐ Special verification
☐ Recurring
☐ In-Home Services
☐ Deduction explained

- CA (44) Does the household want a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances beyond the family's control? ☐ YES ☐ NO
If "YES", explain:

COUNTY USE ONLY

Special Need Verified:

☐ YES ☐ NO

Eligible for Special Need

☐ YES ☐ NO

- CA MA (45) The following services are free of charge, if you are eligible for Cash Aid and/or Medical Assistance. Your answers to these questions will not affect your eligibility.

A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21.

1. Do you want more information about CHDP services? ☐ YES ☐ NO

2. Do you want CHDP medical or dental services? ☐ YES ☐ NO

B. Do you want information about services which may be available to you or about any of the following:

Discrimination, family problems, other living arrangements, alcoholism, drug addiction, or mental/emotional problems, special services for blind or visually impaired children and adults, child care, etc.?

☐ YES ☐ NO

C. Family planning services may be available to help you voluntarily limit family size, decide when you want to have children and prevent unwanted pregnancies. Do you or any member of your family want family planning? ☐ YES ☐ NO

☐ CHDP Brochure and Explanation Given

☐ Refused☐ Referred

Date _____

☐ Other Service Referral

☐ Referred

Date _____

☐ Family Planning Information Given

☐ Referred

Date _____

CERTIFICATION

- I understand that any facts I have given, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and employment agencies, etc.
- I understand that the county will send information to the Immigration and Naturalization Service (INS) for verification of immigration status and that the information the county gets from INS may affect my eligibility for Cash Aid, Food Stamps and full Medical Assistance.
- I understand that all facts, including benefit and income facts, that I have given on this form are subject to investigation and review by county, state, and federal personnel, and that if I give wrong facts my Cash Aid, Food Stamps, and Medical Assistance may be denied or discontinued.
- I understand the penalties, including the specific disqualification penalties for Food Stamps, for giving wrong or incomplete facts, failing to report facts or situations which may affect my eligibility or benefits for Cash Aid, Food Stamps and Medical Assistance.
- I understand that the Food Stamp household, any adult member of a Food Stamp household (even if they move out), the sponsor of an alien household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- I understand that my case may be selected for additional review to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information contained in this statement of facts is true, correct, and complete.

SIGNATURE (Parent or Caretaker Relative, Food Stamp Household Member or Authorized Representative or Medical Assistance Applicant/Recipient)

DATE SIGNED

SIGNATURE (Other Parent Living in the Home)

DATE SIGNED

SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON COMPLETING FORM FOR PERSON LISTED IN (1) OR (2)

DATE SIGNED

COUNTY USE ONLY						
REGULATIONS MET?						
	CA		FS		MA	
	YES	NO	YES	NO	YES	NO
Residency						
Deprivation						
Age						
Citizen/Alien status						
School enrollment						
Pregnancy verified						
SSN						
Income—Gross and net income						
Property—Within limits and verified amount \$						
Work registration						
Sponsored alien						
Federal participation established (If NO, explain)						

FOOD STAMP TESTS	
Categorical Eligible	☐ YES ☐ NO
Gross Income Test	
Household Size	
Gross Monthly Income \$	
Gross Income Eligible	☐ YES ☐ NO ☐ NA
Separate HH Income Test	
Household Size	
Gross Monthly Income \$	
Eligible for Separate HH Status	☐ YES ☐ NO
Aged/Disabled	☐ YES ☐ NO ☐ NA
DFA 285-C	
	☐ YES ☐ NO

AFDC/MA SFU Size	AU/MFBU Size
☐ INELIGIBLE (REASON)	
☐ ELIGIBLE	
☐ REDETERMINATION	
ELIGIBILITY CONDITIONS MET-DATE:	AUTHORIZATION DATE
	EFFECTIVE DATE
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

FS:	HH Size:
☐ INELIGIBLE (REASON)	
☐ ELIGIBLE	
☐ RECERTIFICATION	
AUTHORIZATION DATE	
ELIGIBILITY WORKER'S SIGNATURE	DATE
SUPERVISOR'S SIGNATURE	DATE

A D O P T

STATE OF CALIFORNIA—HEALTH AND HUMAN SERVICES AGENCY



CALIFORNIA DEPARTMENT OF SOCIAL SERVICES
DEPARTMENT OF HEALTH CARE SERVICES

STATEMENT OF FACTS FOR CASH AID, CalFresh, AND MEDI-CAL/34-COUNTY MEDICAL SERVICES PROGRAM (CMSP)

- Fill in the answers to all questions about the benefit(s) you are asking for. Print all answers in ink. The "CA" for Cash Aid, "CF" for CalFresh (formerly called Food Stamps), and "MC" for Medi-Cal/34-County CMSP listed to the left of each question tell you which questions are for each program.
- Give any proof (such as bills, receipts and records) to support your answers. Tell your worker when you need help in getting proof or in filling out this form. If you need more space, attach another sheet.
- If you are asking for CalFresh and you are not an adult member of the household, attach a written authorization signed by the head of household or other adult member.

CA CF MC	① A. Person applying, or caretaker relative of child(ren) for whom aid is wanted. NAME: _____	HOME PHONE () ()
	HOME ADDRESS (NUMBER, STREET) _____	MAILING ADDRESS (IF DIFFERENT) _____
	CITY _____ STATE _____ ZIP CODE _____	DAYTIME PHONE () ()
	CITY _____ STATE _____ ZIP CODE _____	

CF	B. Are you homeless? ☐ YES ☐ NO	If "YES": Are you temporarily staying in someone else's home? ☐ YES ☐ NO
	If "YES": Give date you began staying at this home: _____	
CA	C. Have you received a pay Rent or Quit Notice? ☐ YES ☐ NO	

② For each ADULT living in the home, give us all the facts.

CA CF MC	(A) ADULT'S NAME (FIRST, MIDDLE, LAST) _____	CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO	
	RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) _____	BIRTHDATE (MONTH DAY YEAR) _____	SOCIAL SECURITY NUMBER _____
	SEX (✓) ☐ M ☐ F	BLIND, DEAF OR DISABLED ☐ YES ☐ NO	PREGNANT ☐ YES ☐ NO
	TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ CalFresh ☐ None ☐ Medi-Cal ☐ 34-County CMSP	MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed	BIRTHPLACE _____ CITY _____ STATE _____ COUNTRY _____
CA CF MC	(B) ADULT'S NAME (FIRST, MIDDLE, LAST) _____	CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO	
	RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) _____	BIRTHDATE (MONTH DAY YEAR) _____	SOCIAL SECURITY NUMBER _____
	SEX (✓) ☐ M ☐ F	BLIND, DEAF OR DISABLED ☐ YES ☐ NO	PREGNANT ☐ YES ☐ NO
	TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ CalFresh ☐ None ☐ Medi-Cal ☐ 34-County CMSP	MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed	BIRTHPLACE _____ CITY _____ STATE _____ COUNTRY _____
CA CF MC	(C) ADULT'S NAME (FIRST, MIDDLE, LAST) _____	CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. Citizen/National ☐ Noncitizen: Sponsored ☐ YES ☐ NO	
	RELATIONSHIP TO APPLICANT OR CARETAKER RELATIVE TO CHILD(REN) _____	BIRTHDATE (MONTH DAY YEAR) _____	SOCIAL SECURITY NUMBER _____
	SEX (✓) ☐ M ☐ F	BLIND, DEAF OR DISABLED ☐ YES ☐ NO	PREGNANT ☐ YES ☐ NO
	TYPE OF AID REQUESTED (✓) ☐ Cash Aid ☐ CalFresh ☐ None ☐ Medi-Cal ☐ 34-County CMSP	MARITAL STATUS (✓) ☐ Married ☐ Never Married ☐ Separated ☐ Divorced ☐ Common Law ☐ Widowed	BIRTHPLACE _____ CITY _____ STATE _____ COUNTRY _____

COUNTY USE ONLY	
CASE NAME	
CASE NUMBER	
WORKER	DATE RCD
☐ New ☐ Restoration ☐ Redetermine ☐ Recertification ☐ Residency Verified ☐ CF ID ☐ CF Aged/Disabled Verified ☐ MC ID ☐ MC Minor Consent: Exempt from ID, Residency, SSN, Verifs	

☐ AU ☐ NON-AU ☐ MFBU	CF Non-HH/Excluded Member Code: _____
Work Registration/Exemption Codes:	
WELFARE to WORK	CF ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE Alien Reg. # _____ D.O.E. _____	
☐ AU ☐ NON-AU ☐ MFBU	CF Non-HH/Excluded Member Code: _____
Work Registration/Exemption Codes:	
WELFARE to WORK	CF ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE Alien Reg. # _____ D.O.E. _____	
☐ AU ☐ NON-AU ☐ MFBU	CF Non-HH/Excluded Member Code: _____
Work Registration/Exemption Codes:	
WELFARE to WORK	CF ABAWD
VERIFIED: ☐ Blind/Deaf/Disabled ☐ SSN ☐ DED Packet ☐ Citizen ☐ Eligible Noncitizen ☐ SAVE Alien Reg. # _____ D.O.E. _____	

COUNTY USE ONLY

CF NON-HH/EXCLUDED MEMBER (63-402)	CF WORK/TRAINING EXEMPTIONS (63-407.21)	CF ABAWD EXEMPTIONS (63-410.3)	WWW WORK EXEMPTIONS (42-712)
1. Separate HH (Purchase/prepare) (.12, .13) 2. Separate HH (Elderly/disabled) (.17) 3. Roomer (must be listed in (3)) (.211) 4. Live-in attendant (.212) 5. Other shared living quarters (.213) 6. Ineligible alien (.221) 7. Boarder (must be listed in (3)) (.3) 8. SSN disqualified (.222) 9. IPV disqualified (.223) 10. Workfare sanctioned (.225) 11. SSI/SSP recipient (.226) 12. Ineligible student (.227) 13. Work req. disqualified (.228) 14. Questionable Citizenship (300.51(b)) 15. Vol. quit ineligible (408.1, .2) 16. Ineligible/disqualified ABAWD (410.4) 17. Fleeing felon/parole or probation violator (.224) 18. Drug felon (.229)	a. Under 16/60 or older a.(1) 16/17 not head of household; or 16/17 in school/training at least 1/2 time b. Mentally/physically unfit for work c. Mandatory participant in Welfare to Work activities d. Cares for child under 6 or incapacitated person e. Applicant for/recipient of UIB f. Participant in drug/alcohol program g. 30 hour week/min. x 30 h. 1/2 time student in school, training or higher education.	1. ABAWD with CF Work/Training Exemption Code 63-407.21 2. Under 18/50 or older (.321) 3. Pregnant (.322) 4. Adult living in HH with dep. child (.323) 5. Lives in ABAWD exempt area (.33)	Age under 16 (.41) School Attendance (.42) Age 60 or older (.43) Disability (.44) NCR caring for dependent or ward of the court or at risk of FC placement (.45) Care of another III or Incap member of the household (.46) Care of child: - Age 6 months or under (or as allowed under county's CalWORKs plan) (.471) - Member (who previously claimed .471) upon birth or adoption of subsequent child(ren) (.472) Pregnancy (.48) VISTA-full or part time volunteer (.49)

COUNTY USE ONLY

- ③ For each **CHILD** living in the home, child out of the home for a short time, or child you claim as a tax dependent, give us all the facts. If you are pregnant, list child as "unborn" and give due date.

CA CF MC						COUNTY USE ONLY				
(A) CHILD'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)	AU (✓)	NON-AU (✓)	MFB (✓)	MFG CHILD	CF Non-HH/Excluded Member Code:
SOCIAL SECURITY NUMBER			NONCITIZEN: SPONSORED ☐ YES ☐ NO							
BIRTHPLACE (CITY/STATE/COUNTRY)			SEX (✓) ☐ M ☐ F	BIRTHDATE OR DUE DATE (Month, Day, Year)	AGE OF CHILD	DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT	☐ YES ☐ NO ☐ CW 2.1 ☐ CW 371 Allen Reg. # _____ D.O.E. _____
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO			PREGNANT ☐ YES ☐ NO	ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO	BLIND, DEAF OR DISABLED? ☐ YES ☐ NO					
IF YES, NAME OF SCHOOL:			MOTHER'S NAME		Work Registration/Exemption Codes:					
TYPE OF AID REQUESTED ☐ Cash Aid			FATHER'S NAME		Welfare-to-Work _____ CF _____					
☐ CalFresh ☐ Medi-Cal ☐ None			IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO		Verified: ☐ Age ☐ Deprivation ☐ SSN					
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE					☐ Blind/Deaf/Disabled ☐ DED Packet					
					☐ Citizen ☐ Eligible Noncitizen ☐ SAVE					
					☐ Immunization ☐ School Attendance					
(B) CHILD'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)	AU (✓)	NON-AU (✓)	MFB (✓)	MFG CHILD	CF Non-HH/Excluded Member Code:
SOCIAL SECURITY NUMBER			NONCITIZEN: SPONSORED ☐ YES ☐ NO							
BIRTHPLACE (CITY/STATE/COUNTRY)			SEX (✓) ☐ M ☐ F	BIRTHDATE OR DUE DATE (Month, Day, Year)	AGE OF CHILD	DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT	☐ YES ☐ NO ☐ CW 2.1 ☐ CW 371 Allen Reg. # _____ D.O.E. _____
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO			PREGNANT ☐ YES ☐ NO	ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO	BLIND, DEAF OR DISABLED? ☐ YES ☐ NO					
IF YES, NAME OF SCHOOL:			MOTHER'S NAME		Work Registration/Exemption Codes:					
TYPE OF AID REQUESTED ☐ Cash Aid			FATHER'S NAME		Welfare-to-Work _____ CF _____					
☐ CalFresh ☐ Medi-Cal ☐ None			IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO		Verified: ☐ Age ☐ Deprivation ☐ SSN					
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE					☐ Blind/Deaf/Disabled ☐ DED Packet					
					☐ Citizen ☐ Eligible Noncitizen ☐ SAVE					
					☐ Immunization ☐ School Attendance					
(C) CHILD'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)	AU (✓)	NON-AU (✓)	MFB (✓)	MFG CHILD	CF Non-HH/Excluded Member Code:
SOCIAL SECURITY NUMBER			NONCITIZEN: SPONSORED ☐ YES ☐ NO							
BIRTHPLACE (CITY/STATE/COUNTRY)			SEX (✓) ☐ M ☐ F	BIRTHDATE OR DUE DATE (Month, Day, Year)	AGE OF CHILD	DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT	☐ YES ☐ NO ☐ CW 2.1 ☐ CW 371 Allen Reg. # _____ D.O.E. _____
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO			PREGNANT ☐ YES ☐ NO	ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO	BLIND, DEAF OR DISABLED? ☐ YES ☐ NO					
IF YES, NAME OF SCHOOL:			MOTHER'S NAME		Work Registration/Exemption Codes:					
TYPE OF AID REQUESTED ☐ Cash Aid			FATHER'S NAME		Welfare-to-Work _____ CF _____					
☐ CalFresh ☐ Medi-Cal ☐ None			IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO		Verified: ☐ Age ☐ Deprivation ☐ SSN					
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE					☐ Blind/Deaf/Disabled ☐ DED Packet					
					☐ Citizen ☐ Eligible Noncitizen ☐ SAVE					
					☐ Immunization ☐ School Attendance					
(D) CHILD'S NAME (FIRST, MIDDLE, LAST)			CITIZEN/NONCITIZEN STATUS (✓) ☐ U.S. CITIZEN/NATIONAL		CHILD NEEDS AID BECAUSE OF PARENT'S (CHECK (✓) BELOW)	AU (✓)	NON-AU (✓)	MFB (✓)	MFG CHILD	CF Non-HH/Excluded Member Code:
SOCIAL SECURITY NUMBER			NONCITIZEN: SPONSORED ☐ YES ☐ NO							
BIRTHPLACE (CITY/STATE/COUNTRY)			SEX (✓) ☐ M ☐ F	BIRTHDATE OR DUE DATE (Month, Day, Year)	AGE OF CHILD	DEATH	DISABILITY	ABSENCE	UNEMPLOYMENT	☐ YES ☐ NO ☐ CW 2.1 ☐ CW 371 Allen Reg. # _____ D.O.E. _____
IS THIS CHILD CURRENTLY ENROLLED IN SCHOOL? (✓) ☐ YES ☐ NO			PREGNANT ☐ YES ☐ NO	ARE IMMUNIZATIONS UP TO DATE? ☐ YES ☐ NO	BLIND, DEAF OR DISABLED? ☐ YES ☐ NO					
IF YES, NAME OF SCHOOL:			MOTHER'S NAME		Work Registration/Exemption Codes:					
TYPE OF AID REQUESTED ☐ Cash Aid			FATHER'S NAME		Welfare-to-Work _____ CF _____					
☐ CalFresh ☐ Medi-Cal ☐ None			IS CHILD LIVING IN YOUR HOME NOW? ☐ YES ☐ NO		Verified: ☐ Age ☐ Deprivation ☐ SSN					
RELATIONSHIP TO APPLICANT OR TO THE CHILD'S CARETAKER RELATIVE					☐ Blind/Deaf/Disabled ☐ DED Packet					
					☐ Citizen ☐ Eligible Noncitizen ☐ SAVE					
					☐ Immunization ☐ School Attendance					

CA 4 List any parent(s) of the child(ren) or unborn who does not live in the home with you.					COUNTY USE ONLY							
NAME OF PARENT		REASON THE PARENT DOES NOT LIVE IN THE HOME			☐ Verif. on File ☐ MC 13							
CA 5 Has anyone changed citizenship/immigration status in the last 12 months? ☐ YES ☐ NO					6B: ☐ Request dependency order 6C: ☐ CA and FC elig/CR chooses: Child: ☐ CA ☐ FC CR ☐ CA ☐ None ☐ Kin-GAP 6D: ☐ Medi-Cal ☐ Fee for Service							
If "YES", complete below:												
NAME	WHAT CHANGED	DATE	ALIEN NUMBER (IF APPLICABLE)									
CA 6 A. Is a foster child living in the home? ☐ YES ☐ NO												
If "YES", who:												
CA B. Was the child(ren) placed in your home under a dependency order from the court?												
CA C. Do you want the foster child(ren) and foster care income counted on the CalFresh case?												
CA D. Is the child(ren) enrolled in a health care plan?												
CF 7 Has anyone ever used any other name (maiden, adoptive, etc.)? ☐ YES ☐ NO												
If "YES", complete below:												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">NAME</td> <td style="padding: 5px;">OTHER NAME(S) USED</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> <tr> <td style="padding: 5px;">NAME</td> <td style="padding: 5px;">OTHER NAME(S) USED</td> </tr> <tr> <td style="height: 30px;"></td> <td></td> </tr> </table>							NAME	OTHER NAME(S) USED			NAME	OTHER NAME(S) USED
NAME	OTHER NAME(S) USED											
NAME	OTHER NAME(S) USED											
CA 8 A. Does everyone live in California? ☐ YES ☐ NO					Calif. Resident: ☐ YES ☐ NO ☐ Property ☐ PA							
If "NO", explain:												
CA B. Does everyone plan to stay in California permanently?												
CA C. Does anyone own, lease or maintain a home outside California?												
CA D. Is anyone currently getting public assistance outside California? ☐ YES ☐ NO												
If "YES", explain:												
CA E. Is anyone planning to leave California for more than 30 days?												
MC 9 Are you 18 to 21 years of age and claimed as a dependent for income tax purposes? ☐ YES ☐ NO					☐ Tax Dependent Letter Sent ☐ CA 2.1							
If Yes, who:												
CA 10 A. Has anyone's cash aid or CalFresh/SNAP benefits been stopped due to: non-cooperation during a quality control review, work or training sanctions or failure to meet the CalFresh Able Bodied Adults Without Dependent (ABAWD) work requirement, or for any other reason? ☐ YES ☐ NO												
If "YES", explain below:												
NAME	WHY	WHEN	WHAT COUNTY/STATE									
CA B. Has anyone's cash aid or CalFresh been stopped for a period of time or forever due to welfare fraud or a CalFresh Intentional Program Violation? ☐ YES ☐ NO												
If "YES", explain below:												
NAME	WHY	WHEN	WHAT COUNTY/STATE									
CF 11 Does anyone living with you buy food and fix meals separately from others in the home? ☐ YES ☐ NO					Separate household eligible: ☐ YES ☐ NO							
If "YES", who:												
CF 12 Is anyone living with you age 60 or older and unable to buy food and fix meals separately because of a disability? ☐ YES ☐ NO					Separate household eligible: ☐ YES ☐ NO							
If "YES", who:												

CF (13) A. Do you pay someone else for meals and/or a room? ☐ YES ☐ NO If "YES", complete below:						COUNTY USE ONLY								
NAME OF PERSON YOU PAY		CHECK (✓) ☐ Meals ☐ Room ☐ Both		HOW MUCH \$		HOW OFTEN		NO. OF MEALS PER DAY		Household Elects BOARDER HH MEMBER		ROOMER		
CA CF B. Does anyone pay you for meals and/or a room? ☐ YES ☐ NO If "YES", complete below:														
NAME OF PERSON WHO PAYS YOU		CHECK (✓) ☐ Meals ☐ Room ☐ Both		HOW MUCH \$		HOW OFTEN		NO. OF MEALS PER DAY						
CF (14) Does anyone get food from any of the following programs? ☐ YES ☐ NO • Communal dining facility for the elderly or disabled • Food distribution program operated by a Native American reservation • Other food program														
NAME		NAME OF PROGRAM		NAME		NAME OF PROGRAM								
CA CF MC (15) A. Does anyone live in any of the following: ☐ YES ☐ NO If "YES", complete below: • Shelter, center • Reservation for Native Americans • Psychiatric hospital/mental institution • Group living arrangement for the disabled/blind • Hospital or nursing home • Subsidized housing for the elderly • Drug or alcohol rehabilitation center • Board and care home • Penal institution/correctional facility						CF Eligible Institution: ☐ YES ☐ NO CA Eligible: ☐ YES ☐ NO								
NAME		NAME OF CENTER, SHELTER, HOSPITAL, ETC.				DATE ENTERED		DATE EXPECTED TO LEAVE						
MC B. Does the person who is in a hospital or nursing home have a spouse or other family member at home? ☐ YES ☐ NO														
CA (16) List any child age 6-18 who does not attend school regularly and explain why he/she is not attending regularly. ☐ No Child Age 6-18						School Attendance Verified: ☐ YES ☐ NO								
NAME		REASON NOT ATTENDING SCHOOL REGULARLY												
CA CF MC (17) A. Is anyone age 14 or older enrolled in school, college, or a training program? If "YES", complete below: ☐ YES ☐ NO						School Enrollment Verif.: ☐ YES ☐ NO								
NAME		AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM		ENROLLED (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify):		UNITS/HOURS PER WEEK		WORKING ☐ YES ☐ NO		Date Verified:		CF Eligible Student: ☐ YES ☐ NO	
							EXPECTED DATE OF GRADUATION							
NAME		AGE	NAME OF SCHOOL/COLLEGE/TRAINING PROGRAM		ENROLLED (✓) STATUS ☐ Full time ☐ Half time ☐ Other (specify):		UNITS/HOURS PER WEEK		WORKING ☐ YES ☐ NO		Date Verified:		CF Eligible Student: ☐ YES ☐ NO	
							EXPECTED DATE OF GRADUATION							
CA CF B. Complete below for anyone enrolled in college or attending a similar educational institution.						Expenses Verified: ☐ YES ☐ NO								
NAME		TERM (✓) CHECK STATUS ☐ Semester ☐ Year ☐ Quarter		TUITION/FEES PER TERM \$		BOOKS, EQUIPMENT, ETC., PER TERM \$		Date Verified:		Financial Aid: ☐ YES ☐ NO ☐ MC 210 S-E				
MILES ROUND TRIP PER DAY TO SCHOOL/CHILD CARE		DAYS ATTENDING PER WEEK				TRANSPORTATION USED								
TRANSPORTATION COST PER WEEK \$		AMOUNT PAID PER WEEK BY CAR POOL MEMBERS \$				PUBLIC TRANSPORTATION (BUS, ETC.) PER DAY \$								
CA (18) A. Is anyone under age 20 and pregnant or a parent? ☐ YES ☐ NO If "YES", complete below:						Referred to: ☐ Cal-Learn ☐ CW 25 ☐ CW 25A ☐ Referred to Welfare-to-Work								
NAME				AGE		CHECK (✓) STATUS ☐ Pregnant ☐ Teen Parent								
SCHOOL STATUS, CHECK (✓) ☐ Has a High School Diploma ☐ Has a GED ☐ Not Attending School Regularly (explain): ☐ Currently Attending School Regularly ☐ Other (explain):														
CA B. Has anyone received a cash bonus or penalty, or help with child care, transportation, etc. from the Cal-Learn Program? ☐ YES ☐ NO If "YES", complete below:						Striker Regs Apply: ☐ CA ☐ CF								
NAME				WHERE (COUNTY)				DATE(S) RECEIVED						
CA (19) Is anyone on strike? ☐ YES ☐ NO If "YES", complete below:						Striker Regs Apply: ☐ CA ☐ CF								
NAME OF STRIKER				NAME AND ADDRESS OF EMPLOYER/TRAINING PROGRAM										
NAME OF UNION														
DATE WENT ON STRIKE				MONTHLY INCOME (BEFORE DEDUCTIONS) EARNED FROM THIS JOB BEFORE THE STRIKE \$										

CA CF	(20)	Has anyone, including children, worked or does anyone expect to go to work, including part-time and occasional work? Check (✓) "YES" or "NO" for each item. If "YES", complete below:	YES	NO	COUNTY USE ONLY
		Has anyone stopped or refused work or training within the last 60 days?			(A) (✓) If exempt CF S/E Farmer
		Is anyone working or in training now?			CA MC ☐ CF Adult ☐ Yes ☐ No
		Does anyone expect to be working or in training in the future? If "YES", what is your anticipated start date?			☐ CF Child
		If self-employed: For CalFresh: List your business expenses on a separate sheet of paper. For Cash Aid: Check (✓) how you want your business expenses figured each month: ☐ 40% standard deduction ☐ Actual business expenses ☐ Monthly average (yearly business costs divided by 12 months). If actual, you must list your business expenses on a separate sheet of paper.			(B) (✓) If exempt CF S/E Farmer
					CA MC ☐ CF Adult ☐ Yes ☐ No
					☐ CF Child
					Verifi(s) on file for: ☐ (A) ☐ (B)
					CF: Work history last 120 days
					☐ (A) ☐ (B)
(A) NAME CA CF MC		NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____	EMPLOYER'S NAME AND ADDRESS		(A) YES NO
PAY DATE(S)	SELF-EMPLOYED ☐ YES ☐ NO	WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS ☐ YES ☐ NO IF "YES", COMPLETE BELOW	Empl. Statement
REASON FOR LEAVING JOB/TRAINING			LAST DAY OF WORK/TRAINING	AMOUNT RECEIVED \$ _____	Good Cause Determ
				AMOUNT EXPECTED \$ _____	Voluntary Quit
DATE NEXT CHECK EXPECTED		AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____	OCCUPATION		(A) ☐ CA: 28 Days (B) ☐ CA: 28 Days
WILL THIS INCOME CONTINUE? ☐ YES ☐ NO IF "NO", EXPLAIN ANY KNOWN CHANGES HERE:					☐ CF: 60 days ☐ CF: 60 days
					☐ MC: 30 days ☐ MC: 30 days
(B) NAME CA CF MC		NUMBER OF HOURS OF WORK/TRAINING PER MONTH LAST MONTH _____ THIS MONTH _____	EMPLOYER NAME AND ADDRESS		(B) YES NO
PAY DATE(S)	SELF-EMPLOYED ☐ YES ☐ NO	WAGES BEFORE DEDUCTIONS \$ _____ per	DATE LAST CHECK RECEIVED	RECEIVED OR EXPECT TO RECEIVE TIPS OR COMMISSIONS ☐ YES ☐ NO IF "YES", COMPLETE BELOW	Empl. Statement
REASON FOR LEAVING JOB/TRAINING			LAST DAY OF WORK/TRAINING	AMOUNT RECEIVED \$ _____	Good Cause Determ
				AMOUNT EXPECTED \$ _____	Voluntary Quit
DATE NEXT CHECK EXPECTED		AMOUNT EXPECTED BEFORE DEDUCTIONS \$ _____	OCCUPATION		CA: S/E Client Chooses:
WILL THIS INCOME CONTINUE? ☐ YES ☐ NO IF "NO", EXPLAIN ANY KNOWN CHANGES HERE:					(A) (B)
					☐ Actual ☐ Actual
					☐ 40% deduction ☐ 40% deduction
					☐ Annualize ☐ Annualize
CA CF MC		(21) A. Does anyone pay for care of a child, disabled adult, or other dependent so he/she can go to work, school, or look for a job? If "YES", complete below and (✓) if for work or training.			Child Care Informing: ☐ Trustline Informing (CCP 2) ☐ Health & Safety Certification (CCP 5) ☐ Dependent Care Verified
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	☐ WORK ☐ TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY	DEP. CARE ELIGIBLE YES NO CF MC
WHO GETS CARE	WHO PAYS	WHO GIVES CARE	☐ WORK ☐ TRAINING	AMOUNT PAID/HOW OFTEN \$ _____ EVERY	
CA CF MC		B. Does anyone else pay all or part of your child care costs? Include costs paid by a relative or friend not living in the home, Department of Education, Block Grant, etc. If "YES", complete below:			Is there another person in household who could provide care? ☐ YES ☐ NO
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____	
NAME OF CHILD	WHO PAYS	MONTHLY AMOUNT PAID \$ _____	WHO ELSE PAYS	MONTHLY AMOUNT PAID \$ _____	
CF MC		(22) Does anyone pay child or spousal support? If "YES", complete below:			Court Order on File ☐ YES ☐ NO Amount Ordered: \$ _____
WHO PAYS		FOR WHOM	AMOUNT PER MONTH \$ _____		
CA CF MC		(23) Has anyone, including children, applied for or received unemployment or disability insurance benefits in the last 12 months OR expect to receive these benefits in the future? If "YES", complete below:			
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED		
NAME	DATE APPLIED	WHERE (COUNTY/STATE)	DATE LAST RECEIVED		
CA		(24) Has anyone received a Diversion cash payment or non-cash services from any county or other state? If "YES", complete below:			
NAME	COUNTY/STATE	AMOUNT RECEIVED \$ _____	LIST SERVICES RECEIVED	ESTIMATED VALUE OF SERVICES \$ _____	DATE RECEIVED

Employment History

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CA (25) Has any parent living in the home worked or been in training in the past 24 months? ☐ YES ☐ NO

If "YES", complete below:

- Include all work done in and outside the United States (U.S.).
- Include work done in exchange for something besides money, such as rent, food, utilities or anything else.
- Include any paid jobs the county helped you to get.
- Begin with each person's most recent job or training.

COUNTY USE ONLY

PE/UIB Requirements
Earnings from month prior
to month of application
App Date: _____

Earnings from
to
MO/YR (25) A (25) B

A. NAME ☐ YES ☐ NO
IS HE/SHE A NATIVE AMERICAN?
IF "YES", LIST TRIBE: _____

Name and Address of Employer or Training Program (✓) Check, if Work or Training	When Employed MO DAY YR From To	Amount Paid \$ ☐ Weekly ☐ Monthly	Name and Address of Employer or Training Program (✓) Check, if Work or Training	When Employed MO DAY YR From To	Amount Paid \$ ☐ Weekly ☐ Monthly
1. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	4. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly

B. NAME ☐ YES ☐ NO
IS HE/SHE A NATIVE AMERICAN?
IF "YES", LIST TRIBE: _____

Name and Address of Employer or Training Program (✓) Check, if Work or Training	When Employed MO DAY YR From To	Amount Paid \$ ☐ Weekly ☐ Monthly	Name and Address of Employer or Training Program (✓) Check, if Work or Training	When Employed MO DAY YR From To	Amount Paid \$ ☐ Weekly ☐ Monthly
1. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	4. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly
2. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	5. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly
3. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly	6. ☐ Work ☐ Training	From To	\$ ☐ Weekly ☐ Monthly

CF (26) Are all CalFresh household members citizens of the United States (U.S.)? ☐ YES ☐ NO
If "NO", complete below for each CalFresh household member who is not a citizen of the U.S.

Name of each noncitizen	A. How many years total has this person, their spouse, and/or their parents (before this person was 18 years old) lived in the U.S.?	B. While living in the U.S., in how many of the years reported in Column A did this person, their spouse, and/or their parents (before this person was 18 years old) earn money by working in the U.S.?	C. While living outside the U.S., how many total years did this person, their spouse, and/or their parents (before this person was 18 years old) work in the U.S.?
1.			
2.			
3.			
4.			

TOTAL \$ \$

(25) A B

Tribal JOBS Referral

UIB Verif(e) on file

Must apply for UIB

CA (27) Has anyone been in the U.S. military service or the spouse, parent, or child of a person who has been in the military service? ☐ YES ☐ NO
If "YES", complete below:

NAME	U.S. CITIZEN ☐ YES ☐ NO	(✓) STATUS ☐ ACTIVE DUTY MILITARY/VETERAN ☐ SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	HONORABLE DISCHARGE ☐ YES ☐ NO	BRANCH OF SERVICE	DATE OF SERVICE
NAME	U.S. CITIZEN ☐ YES ☐ NO	(✓) STATUS ☐ ACTIVE DUTY MILITARY/VETERAN ☐ SPOUSE, PARENT OR CHILD OF ACTIVE DUTY MILITARY/VETERAN	HONORABLE DISCHARGE ☐ YES ☐ NO	BRANCH OF SERVICE	DATE OF SERVICE

Currently Receiving/Got/ or
UIB eligible in last
12 months

UIB Ineligible Reason:

(26) CF: ☐ 40 Quarters Verif.

(27) ☐ CW 5

CF: Noncitizen's Honorable
Discharge Verif.
☐ YES ☐ NO

COUNTY USE ONLY

PRINCIPAL EARNER (PE): * DATE OF APPLICATION: QUARTER OF APPLICATION:

*Principal Earner — the parent who earned the most income in the last 24 months prior to the month of application.

CA (26) A. Does anyone, including children, get or expect to get money from any source listed below?
CF Check (✓) "YES" or "NO" for each item.
MC

	YES	NO		YES	NO
Work Study, Welfare-to-Work, or other program			VA (Veterans) educational related income		
Other training allowance			VA Aid & Attendance		
Educational grants, loans and scholarships			Social Security disability or supplementary security income/state supplementary payment (SSI/SSP)		
CalWORKs/Cash aid from another state			VA disability		
Refugee (RCA) Assistance			Railroad disability		
Cash Assistance Program for Immigrants (CAPI)			Other disability income from a federal, state, or local governmental agency		
GA/GR (General Assistance/Relief)			Other non-government disability or sick leave		
Workers Compensation			Social Security retirement or survivors		
Child/spousal support or money for medical bills or premiums			Railroad retirement		
Strike benefits			Other retirement income from a federal, state, or local governmental agency		
Loans, gifts, contributions			Other non-government retirement income		
Legal or insurance settlements/ court actions pending			Per capita payments		
Sales of notes, contracts, trust deeds, promissory notes			Winnings (gambling/lottery/bingo, prizes, etc.)		
Military allotment or pension			Other (Explain)		

COUNTY USE ONLY

- ☐ Casualty Unit Notified
☐ CWC 6041
☐ DHS 6155
☐ Verif(s) on File
 Explain Anticip. Income
 Workers Comp:
☐ Temporary ☐ Permanent

If "YES", complete below:

NAME	SOURCE	(AMOUNT RECEIVED BEFORE DEDUCTIONS)	WHEN	HOW OFTEN
		\$		
		\$		

(✓) If exempt

CA	CF	MC

CA B. Does anyone expect a change in the amount of money received now, such
CF as a cost-of-living raise?
MC If "YES", complete below: ☐ YES ☐ NO

NAME	WHAT	AMOUNT \$	WHEN

CA (29) Does anyone get housing or rent, utilities, food or clothing free or in
CF exchange for work?
MC If "YES", complete below and check (✓) if free or in exchange for work: ☐ YES ☐ NO

ITEM RECEIVED	Free	For Work	WHO RECEIVES THE ITEM	VALUE	WHO PROVIDES THE ITEM
Housing or rent				\$	
Utilities				\$	
Food				\$	
Clothing				\$	

In-Kind Income:

Verif. on file: ☐ YES ☐ NO

Partial	Full	Earned	Unearned

CA (30) A. Does anyone own or is anyone buying real estate, such as land
CF and/or buildings anywhere, including outside the U.S.?
MC If "YES", complete below. Include land and/or buildings in which the title is shared. ☐ YES ☐ NO

TYPE (LAND, CONDO, APARTMENT, HOUSE)	HOW DO YOU USE THIS PROPERTY? CHECK (✓)	YES	NO	OWNER(S)	ADDRESS OR LOCATION	AMOUNT OWED	RENTAL INCOME
	LIVE IN IT					\$	\$
	LISTED FOR SALE					\$	\$
	OTHER (EXPLAIN):						
	LIVE IN IT					\$	\$
	LISTED FOR SALE					\$	\$
	OTHER (EXPLAIN):						

Home Exempt ☐ YES ☐ NO

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable ☐ YES ☐ NO

Listed for sale ☐ YES ☐ NO

Home Exempt ☐ YES ☐ NO

Other Real Property

Market Value \$

Amount Owed \$

Net Value \$

Lien Applicable ☐ YES ☐ NO

Listed for sale ☐ YES ☐ NO

CA B. Does anyone own a house that is not lived in now that he/she hopes
MC to return to someday?
If "YES", complete below: ☐ YES ☐ NO

OWNER OF PROPERTY	PROPERTY ADDRESS	EXPECTED DATE OF RETURN (IF KNOWN)

Total countable property: Page 7
(List totals on page 9)

CA \$

CF \$

MC \$

CA **CF** **MC** **(31) A.** Does anyone, including children, have any of the following personal or business-related resources? Check (✓) each item either "YES" or "NO".
Include all resources owned, used, controlled, shared or held jointly with any person(s) (even for convenience only). The county will determine whether or not these resources count.

	YES	NO		YES	NO
Cash (on hand or elsewhere)			Trust funds (whether or not available)		
Uncashed checks (on hand or elsewhere)			Notes, mortgages, deeds of trust, contracts of sale, etc.		
Savings accounts - children's and adult's			IRA or Keogh plans, etc.		
Checking accounts - whether or not they are used			Retirement funds which are available if you stop work (such as PERS, etc.)		
Credit union accounts			Employee deferred compensation plans		
Stocks, bonds, certificates of deposit, money market accounts, etc.			Life insurance or annuity		
Oil, mining, or mineral rights			Life estate interest in any property		
Burial trusts or contracts, insurance, designated burial funds/money for cemetery plots, caskets, or other burial items			Long term care insurance		
Income tax refund			EBT cash balance from a previous month		
			Other (explain)		

IF "YES", COMPLETE BELOW:

RESOURCE	BUSINESS-RELATED	OWNER	ACCOUNT/POLICY NO.	NAME AND ADDRESS OF BANK, ETC.	CURRENT VALUE
	☐ YES ☐ NO				\$
	☐ YES ☐ NO				\$
	☐ YES ☐ NO				\$

CA **CF** **MC** **B.** Does anyone get or expect to get money from any of the above resources, such as interest, dividends, etc.? ☐ YES ☐ NO
If "YES", complete below:

NAME	SOURCE OF MONEY	AMOUNT	HOW OFTEN	BUSINESS-RELATED
		\$		☐ YES ☐ NO
		\$		☐ YES ☐ NO

MC **(32)** Are there any liens recorded or did you sign a security agreement with a doctor, clinic, or hospital against any property owned by you or any family member that is used as security for health care services? ☐ YES ☐ NO
If "YES", complete below:

LIEN OR SECURED AMOUNT	TYPE AND LOCATION OF PROPERTY	DATE AND TYPE OF MEDICAL CARE RECEIVED/TO BE RECEIVED	NAME OF PROVIDER
\$			
\$			

MC **(33) A.** Does anyone own any personal property, such as: ☐ YES ☐ NO

- Non-motorboats, camper shells, non-motor trailers.
- Guns; tools; or sporting equipment, etc.
- Pets or livestock for personal use.
- Jewelry, artwork, antiques, collections, cameras, musical equipment (pianos, guitars, amplifiers, etc.).

If "YES", complete below: Do not include wedding and engagement rings or heirlooms. List jewelry worth more than \$100 and household goods or personal items worth more than \$500 per item.

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	☐ YES ☐ NO	\$	\$		☐ YES ☐ NO	\$	\$
	☐ YES ☐ NO	\$	\$		☐ YES ☐ NO	\$	\$

MC **B.** Does anyone have any business property, including tools, inventory and materials, business equipment, livestock, etc.? ☐ YES ☐ NO
Include any property that is shared or held jointly with any other person(s). If "YES", complete below:

ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED	ITEM	LISTED FOR SALE	PURCHASE PRICE OR CURRENT VALUE	AMOUNT OWED
	☐ YES ☐ NO	\$	\$		☐ YES ☐ NO	\$	\$
	☐ YES ☐ NO	\$	\$		☐ YES ☐ NO	\$	\$

COUNTY USE ONLY

☐ Trust Fund/Not Court Ordered

☐ Court Petitioned Date _____

☐ Resource Verified: Explain how: _____

Total Value = \$ _____

☐ Burial Reserve or Trust (MCO) Amount Owed \$ _____

☐ Revocable

☐ Irrevocable

☐ Designated Fund and Current Value \$ _____

☐ CA Restricted Account

Check (✓) If exempt

CA	CF	MC

Verified: ☐ YES ☐ NO

Lien Applicable: ☐ YES ☐ NO

Security Agreement: ☐ YES ☐ NO

MC 174 completed and sent: ☐ YES ☐ NO

☐ Owned Jointly

☐ Owned Separately

☐ Personal Property \$500 + for Pickle Program

☐ Insignificant Value for 1931(b)

☐ Listed for sale (Specify): _____

Total Countable Property: Page 8 (List totals on Page 9)

CA \$ _____

CF \$ _____

MC \$ _____

☐ Listed for sale (Specify): _____

CA
MC
CF

(34)

Has anyone sold, spent, traded, transferred, or given away any real property, such as a house or land; or personal property such as money, cars, bank accounts, money from a legal or accident insurance settlement, or anything else? (List any property sold or traded within the last 12 months for cash aid, 3 months for CalFresh, and within the last 2 1/2 years (30 months) for Medi-Cal). If "YES", explain what and when: ☐ YES ☐ NO

CA
MC

(35)

Does anyone own, have the use of or have their name on the registration of any motor vehicle, such as: automobile, motorcycle, snowmobile, recreational vehicle, motorboat, etc., even if not running? If "YES", complete below. Look at your registration to get facts for each vehicle: ☐ YES ☐ NO

	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)	
OWNER OF VEHICLE						
NAME OF PERSON WHO USES VEHICLE						
YEAR/MAKE/MODEL						
LICENSE NUMBER						
ESTIMATED VALUE	\$		\$		\$	
BALANCE OWED	\$		\$		\$	
LICENSED	☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO	
LEASED	☐ YES ☐ NO		☐ YES ☐ NO		☐ YES ☐ NO	
HOW DO YOU USE THE VEHICLE? Check (✓) each item "YES" OR "NO."						
As a Home	YES	NO	YES	NO	YES	NO
To go to work or training or for job search						
For self-employment, self-support, or business use						
Needed for disabled household member						
To get household's fuel or water						
For recreational use only						

COUNTY USE ONLY

Transfer of Assets:

- ☐ CA in last 12 months
☐ CF in last 3 months
☐ Medi-Cal in last 30 months

LTC ONLY

- ☐ Adequate Consideration
☐ Spenddown

Total Nonexempt Property \$

Compute Vehicle Valuation in Section Below:

- ☐ Verifications viewed
☐ Leased vehicle:
☐ (1) ☐ (2) ☐ (3)
☐ Pickle Program:
Use Pickle Handbook
(Reference Section 9)

Vehicle Value

(Enter Date of blue book issue or other documentation)

(1) Date: _____ \$ _____

(2) Date: _____ \$ _____

(3) Date: _____ \$ _____

COUNTY USE ONLY - VEHICLES

(C) Fair Market Values-CA

CASH AID	VEHICLE (1)		VEHICLE (2)		VEHICLE (3)		FMV			
(A) Is vehicle a home, income producing, primary transportation to get fuel/water, or used for a disabled household member? (63-501.521)	☐ YES (Exclude)	☐ NO Go to (B)	☐ YES (Exclude)	☐ NO Go to (B)	☐ YES (Exclude)	☐ NO Go to (B)	Minus	Minus	Minus	Minus
(B) (1) Equity: exempt one vehicle, regardless of use. (63-501.523) [If "YES", go to (C). If "NO", go to (B)(2).]	☐ YES	☐ NO	☐ YES	☐ NO	☐ YES	☐ NO	\$4,650	\$4,650	\$4,650	\$4,650
(2) Is other vehicle(s) used for job search, employment or training?	☐ YES Go to (C) Use Excess Value	☐ NO Go to (C) and (D) Use Greater Value	☐ YES Go to (C) Use Excess Value	☐ NO Go to (C) and (D) Use Greater Value	☐ YES Go to (C) Use Excess Value	☐ NO Go to (C) and (D) Use Greater Value	Excess Value			
							(D) Equity Values-CA			
							FMV			
							Minus Encumbrance			
							Equity Value			

MEDI-CAL

	(1)	(2)	(3)
DMV/YR/Class Code			
Vehicle Market Value	\$ _____	\$ _____	\$ _____
Less Encumbrances	\$ _____	\$ _____	\$ _____
Net Value	\$ _____	\$ _____	\$ _____
Exempt	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N

TOTALS: VEHICLE

Excess Value \$ _____

Equity Value \$ _____

Grand Total Countable Property
(List totals from pages 7, 8, and 9)

Page	CA	CF	MC
(9)	\$ _____	\$ _____	\$ _____
(8)	\$ _____	\$ _____	\$ _____
(7)	\$ _____	\$ _____	\$ _____
Total	\$ _____	\$ _____	\$ _____

Pickle Program (Ref. Sec. 9 in Pickle Handbook):

Is vehicle used:

As a home

For self-employment

To Go to Work or Medical Appointment

CA (36) A. Does anyone have any housing costs?

☐ YES ☐ NO

If "YES", complete below:

HOUSING COSTS	TOTAL COST	HOW MUCH YOU PAY	HOW MUCH OTHER FAMILY/ HOUSEHOLD MEMBERS PAY	HOW OFTEN BILLED
Rent	\$	\$	\$	
House (mortgage) payment	\$	\$	\$	
Property taxes (if not in house payment)	\$	\$	\$	
Insurance (if not in house payment)	\$	\$	\$	
Other (explain)	\$	\$	\$	

CA (37) B. Does anyone else pay all or part of these housing costs? Include a relative or friend not living in the home, any rental assistance programs, such as HUD, Section 8, etc. If "YES", complete below:

☐ YES ☐ NO

TYPE OF HOUSING COST	NAME OF PERSON WHO PAYS	HOW MUCH EACH PAYS	HOW OFTEN BILLED
		\$	
		\$	

CF (37) A. Does anyone have any utility costs?

☐ YES ☐ NO

If "YES", please check all boxes below that apply.

Gas		Garbage or trash	
Electricity		Sewer	
Other fuel (such as propane, butane, wood, coal, etc)		Telephone/other means of communication, such as internet, etc.	
Water		Other (explain)	

CF B. Do you use gas, electricity or other fuel for heating or cooling?

☐ YES ☐ NO

If "YES", please check below.

UTILITY	USED FOR HEATING OR COOLING?
Gas	☐ YES ☐ NO
Electricity	☐ YES ☐ NO
Other Fuel	☐ YES ☐ NO

CF (38) You can authorize someone else in your household or someone outside your household to use your CalFresh benefits to buy food for you. If you would like to authorize someone, complete below:

NAME OF AUTHORIZED REPRESENTATIVE	ADDRESS	PHONE
		()

COUNTY USE ONLY

Housing verified: ☐ YES ☐ NO

Total housing: \$

Shared housing: ☐ YES ☐ NOUtilities verified: ☐ YES ☐ NOVerification not required ☐

Utility allowance

- ☐ SUA
☐ LUA
☐ TUA
☐ None allowed

☐ CalFresh I.D. issued

CA MC (39) Did anyone get medical/pregnancy treatment this month or in the three months before this month? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON RECEIVING CARE	MONTHS OF CARE	PAYMENTS MADE FOR CARE		DO YOU WANT MEDI-CAL FOR THOSE MONTHS?	
		YES	NO	YES	NO

COUNTY USE ONLY

Retroactive Application

- ☐ Retro Only
☐ Retro and Cont.
☐ MC 210A

CA CF MC (40) Does anyone have MEDICARE coverage? ☐ YES ☐ NO
If "YES", complete below:

PERSON COVERED	MEDICARE CLAIM NUMBER	(✓) HOW MONTHLY PREMIUM IS PAID			
		FOR	DEDUCTED FROM CHECK	OUT OF POCKET	OTHER
		Part A			
		Part B			
		Part A			
		Part B			

☐ MEDICARE referral

CF: ☐ DFA 285-C
Gross Premium \$ _____
☐ QMB
☐ SLMB/QI
☐ QDWI

CA MC (41) Does anyone have health, dental, vision, hospitalization or Long Term Care insurance or health plans, such as Kaiser, Blue Cross, CHAMPUS, etc.? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

State Certified LTC Policy:
☐ YES ☐ NO

☐ DHS 6155

Benefits Paid Out \$ _____

CA MC (42) Does anyone have any health insurance available from a parent, employer, or absent parent, which has not been applied for? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON TO BE INSURED	PREMIUM AMOUNT	HOW OFTEN PAID
		\$	
		\$	

☐ DHS 6155

CA MC (43) Is anyone's health insurance expected to end or has it ended within the last 60 days? ☐ YES ☐ NO
If "YES", complete below:

INSURANCE COMPANY	PERSON INSURED	EXPIRATION DATE	PREMIUM AMOUNT	HOW OFTEN PAID
			\$	
			\$	

☐ DHS 6155

CA MC (44) Does anyone have a disability caused by injury or accident which makes it difficult for them to work or take care of their needs? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON	TYPE OF PROBLEM	DATE PROBLEM STARTED	EXPECTED DATE OF RECOVERY

☐ Third Party Liability

CA CF (45) A. Does anyone have a medical condition(s) or situation(s) that requires any of the following? Check (✓) each item "YES" or "NO":

	YES	NO		YES	NO
Special diet—prescribed by a doctor			Very high use of utilities		
Special transportation need			Special laundry service		
Special telephone or other equipment			Other (specify):		
Housework (no one in the home can do it)					

Verified: ☐ YES ☐ NO
Special Need: ☐ YES ☐ NO
Amount: \$ _____

If "YES", explain:

CA CF MC B. Is there a child or disabled person in the household who needs care from another household member? ☐ YES ☐ NO
If "YES", explain:

CA MC C. Is anyone a disabled person who is working and who has medical expenses (wheelchair, etc.), which are needed for the person to be able to work? ☐ YES ☐ NO
If "YES", complete below:

NAME OF PERSON	TYPE OF EXPENSE	AMOUNT
		\$
		\$

☐ Receipts
☐ MC 272 ☐ MC 273

☐ IRWE (QMB and SGA)

CF: ☐ DFA 285-C

CA CF D. Is anyone getting In-Home Supportive Services (IHSS)? ☐ YES ☐ NO
If "YES", who gets service? _____ How much do you pay each month? \$ _____

CA 46 Does the household want to apply for a special need payment for housing or essential household items lost or damaged due to sudden and unusual circumstances, such as an earthquake, fire, or flood? If "YES", explain below.		☐ YES ☐ NO		COUNTY USE ONLY <table border="1"> <tr> <td>Special Need Verified</td> <td>YES</td> <td>NO</td> </tr> <tr> <td>Eligible for Special Need</td> <td></td> <td></td> </tr> </table>		Special Need Verified	YES	NO	Eligible for Special Need		
Special Need Verified	YES	NO									
Eligible for Special Need											
CA 47 Are you or any member of the household hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime? If "YES", give name of the person:		☐ YES ☐ NO									
CA 48 Have you or any member of your household been found by a court of law to be in violation of probation or parole? If "YES", give name of the person:		☐ YES ☐ NO									
CA 49 Have you or any member of your household been convicted of a drug-related felony? If No, go to question 50. If Yes, Name: _____ Date convicted: _____ Was the conviction for any of the following: - Transporting, importing into this state, selling, furnishing, administering, giving away, possessing for sale, purchasing for the purposes of sale, manufacturing, or processing precursors with the intent to manufacture a controlled substance or cultivating, harvesting, or processing marijuana? ☐ YES ☐ NO - Encouraging, inducing, soliciting or intimidating a minor to participate in any of the above activities? ☐ YES ☐ NO Have you or any member of your household: a) Completed a government recognized drug treatment program? ☐ YES ☐ NO b) Participated in a government recognized drug treatment program? ☐ YES ☐ NO c) Enrolled in a government recognized drug treatment program? ☐ YES ☐ NO d) Been placed on a waiting list for a government recognized drug treatment program? ☐ YES ☐ NO e) Stopped the use of controlled substances and have evidence that you have stopped? ☐ YES ☐ NO If Yes, please explain: _____		☐ YES ☐ NO		CF convictions after 6/22/96 CW convictions after 1/1/98 Qualifying Drug Felon? ☐ Yes ☐ No Meets felony conditions of eligibility? ☐ Yes ☐ No							
CA 50 The following services are available. Your answers to these questions will not affect your eligibility. Check (✓) each item "YES" or "NO."		YES	NO	☐ CHDP Brochure and Explanation Given Date: _____							
A. Regular check-ups to help protect your family's health are available upon request through the Child Health and Disability Prevention Program (CHDP) for eligible members of your family under age 21. - Do you want more information about CHDP Services? - Do you want CHDP medical services? - Do you want CHDP dental services? - Do you need help making appointments or with transportation to CHDP services?				☐ CHDP Referral ☐ Social Services Referral (MCO)							
B. Do you want more information about immunization services?.....				☐ Referred for Immuniz.							
C. If you are pregnant, you can get help finding a doctor, getting healthy foods, and other help. Do you want to talk to someone about this help?				☐ Pregnant ☐ Parent or Guardian of child under 5							
D. Are you breastfeeding a child? If "YES", have you given birth within the last 12 months?..... If you checked "YES" to 50 C or D, you may be eligible for services provided by the Special Supplemental Food Program for Women, Infants and Children (WIC).				☐ Breastfeeding ☐ Postpartum ☐ WIC referral							
E. Do you or any family member want free or low-cost family planning services to help plan how to prevent unplanned pregnancies and/or have the next child? If "YES", call your health care plan or regular doctor. Or, for facts and the location of confidential family planning clinics, call toll-free 1-800-942-1054.				☐ Family Planning Information Given ☐ Referred Date:							

CERTIFICATION

I understand that:

- Any facts I gave, including benefit and income facts, will be matched with local, state and federal records, such as employers, the Social Security Administration, tax, welfare and unemployment agencies, school attendance, etc. And for cash aid and CalFresh, records will be matched with law enforcement agencies for arrest warrants.
- All facts, including benefit and income facts, I gave may be reviewed and checked out by county, state, and federal personnel, and that if I gave wrong facts, my cash aid, CalFresh, and Medi-Cal may be denied or stopped.
- My case may be picked for reviews to ensure that my eligibility was correctly figured and that I must cooperate fully with county, state or federal personnel in any investigation or review, including a quality control review.
- The county will send facts to the U.S. Citizenship and Immigration Services (USCIS) (Formerly INS) to verify immigration status and the facts the county gets from USCIS may affect my eligibility for cash aid, CalFresh, and full Medi-Cal. But if I am applying for Medi-Cal Only, AND if I am not (a) a lawful permanent resident noncitizen (LPR), (b) an amnesty alien with a valid and current I-688, or (c) a noncitizen permanently residing in the United States under color of law (PRUCOL), the county will not send facts to the USCIS.
- I must apply for and keep any available health coverage if no cost is involved; if I do not my Medi-Cal will be denied or stopped.
- I or other family members will be required to repay any cash aid I should not have received.
- The CalFresh household, any adult member of a CalFresh household (even if he/she moves out), the sponsor of a noncitizen household member or the authorized representative of residents in an eligible institution may be required to repay any benefits the household should not have received.
- Any member of my household who is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime or has been found by a court of law to be in violation of their probation or parole cannot get cash aid or CalFresh.
- Any household member who has been convicted after August 22, 1996 of a drug-related felony for possession, use, manufacturing, sale, distribution of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities, cannot receive CalFresh.
- For cash aid, the county will require that I and certain household members be fingerprint and photo imaged. My benefits may be denied or stopped if I do not cooperate.

I declare under penalty of perjury under the laws of the United States of America and the State of California that the information in this statement of facts is true, correct, and complete.

SIGNATURE (PARENT OR CARETAKER RELATIVE, MEDI-CAL APPLICANT, ADULT CALFRESH HOUSEHOLD MEMBER OR CALFRESH AUTHORIZED REPRESENTATIVE)		DATE	
SIGNATURE (SPOUSE, REGISTERED DOMESTIC PARTNER, OR OTHER PARENT LIVING IN THE HOME, IF APPLYING FOR CASH AID)	DATE	SIGNATURE OF WITNESS TO MARK, INTERPRETER OR PERSON ACTING FOR APPLICANT/BENEFICIARY	DATE

I also understand that:

I will get disqualification and/or welfare fraud penalties if on purpose I give wrong facts or fail to report all facts or situations that affect my eligibility or benefits for cash aid, CalFresh, and Medi-Cal.

For cash aid:

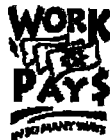
- If I on purpose do not follow cash aid rules, I may be fined up to \$10,000 and/or sent to jail/prison for 3 years. And my cash aid can be stopped:
 - For not reporting all facts or for giving wrong facts: 6 months for the first offense, 12 months for the second, or forever for the third; and for Refugee Cash Assistance, 3 months for the first and 6 months for any later offense.
 - For submitting one or more applications to get aid in more than one case at the same time: 2 years for the first conviction, 4 years for the second, or forever for the third.
 - For conviction of felony thefts to get aid: 2 years for theft of amounts under \$2000; 5 years for amounts of \$2000 through \$4999.99; and forever for amounts of \$5000 or more.
 - For giving the county false proof of residency in order to get aid in two or more counties or states at the same time; giving the county false proof for an ineligible child or a child that does not exist; getting more than \$10,000 in cash benefits through fraud; getting a third conviction for fraud in a court of law or an administrative hearing: forever.

For CalFresh:

- If on purpose I do not follow CalFresh rules, my CalFresh will be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. And I may be fined up to \$250,000 and/or sent to jail/prison for 20 years.
- If I am found guilty in any court of law because:
 - I traded or sold CalFresh benefits for firearms, ammunition, or explosives, my CalFresh benefits can be stopped forever for the first violation.
 - I traded or sold CalFresh benefits for controlled substances, my CalFresh benefits can be stopped for 24 months for the first violation and forever for the second.
 - I traded or sold CalFresh benefits that were worth \$500 or more, my CalFresh benefits can be stopped forever.
 - I filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, my CalFresh benefits can be stopped for 10 years.

COMMENTS

SAWS 2 (4/13) SAWS 2/DFA 285-A2/MC 210 REQUIRED FORM - SUBSTITUTE PERMITTED



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and CalFresh Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, CalFresh benefits, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA). Medi-Cal/34-County CMSP includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application for any other cash aid, CalFresh, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for CalFresh benefits.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting CalFresh benefits right away. If we think you might be eligible to get them right away, you will get an interview immediately and get CalFresh benefits within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or CalFresh benefits and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, CalFresh benefits and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in item 21 above.
24. To appeal all 34-County CMSP eligibility issues, you can only write to your county.
25. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
26. To have reasonable access to a location where you can withdraw your cash benefits with minimal or no costs.
27. To get a brochure that will tell you how to use your EBT card and how to get your cash benefits at minimal or no costs.
28. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each member applying for cash aid and CalFresh benefits is a U.S. citizen, U.S. national or has lawful immigration status. Information you give us on immigration status will be checked with the U.S. Citizenship and Immigration Services (USCIS). Information we get from USCIS may affect your eligibility. (Manual of Policies and Procedures Section 42-433).

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or an noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS receives to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement unless you are committing fraud.

Fingerprint/Photo Imaging

All eligible adult household members for cash aid and/or CalFresh benefits must be fingerprint/photo imaged. If anyone who is required to cooperate with these rules does not get fingerprint/photo imaged, no benefits will be issued to the entire household. (Manual of Policies and Procedures Section 40-105.3).

The fingerprint/photo images are confidential and can only be used to prevent or prosecute welfare fraud.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, CalFresh and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and CalFresh Benefits: You must give us the SSN for each applicant or recipient of cash aid and/or CalFresh. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or CalFresh benefits. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (Manual of Policies and Procedures Section 40-105.2).

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, you will need to give the name of some other person or agency we may contact to get the proof. We will help you get proof when you can't get it. (Manual of Policies and Procedures Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- obtain medical support money from any absent parent and, if you get cash aid, obtain child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you don't cooperate. (Manual of Policies and Procedures Sections 40-157.212; 40-157.213).

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- To never throw your BIC away (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To retain any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get CalFresh benefits, your worker will tell you if you are a quarterly or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (Manual of Policies and Procedures Section 40-181).

HOW YOU MUST REPORT

For Cash Aid and CalFresh Quarterly Reporting, you must turn in a Quarterly Eligibility Report (QR 7) by the fifth day of the month following your report months and report all required changes to the county within 10 days.

For CalFresh Change Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the county CalFresh office; **OR**
- on a DFA 377.5, CalFresh Household Change Report

For Medi-Cal, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid and CalFresh Quarterly Reporting

Quarterly reporting rules say that you must report things at certain times. You will be assigned a "report month" for each quarter (three month period). This will be the second month of each quarter. For example, if your quarter is January, February and March, February would be your "report month" and your report would be due by the 5th day of March. The report is always due by the 5th day of the month following your "report month" and will be considered late if not received by the 11th day of the month. If your Quarterly Eligibility Report (QR 7) is late you will have to pay back any cash aid or CalFresh that you were not supposed to get. You will have to report gross income, changes in the number of people in your household, property bought or sold by people in your household and other information for that report month as well as any changes in your gross income that you expect to happen in the next quarter. If you do not turn in a completed Quarterly Eligibility Report (QR 7) by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped.

What you must report on the Quarterly Report:

1. **Earned Income:** All gross earned income received by you or anyone in your household in the report month. This includes wages; tips; vacation pay; cash bonuses; money from self employment or from a training program; also any income in kind in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income received by you or anyone in your household in the report month. This includes Child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity, veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money received.
3. You must also report on your Quarterly Report any changes in income that you expect to happen during the next quarter. This includes earned, unearned and disability based income changes.
4. **Property:** Any property including, motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has received since your last Quarterly Report and still has, whether it was bought, obtained through a trade or as a gift. The county will use this information to determine if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since your last Quarterly Report.
5. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since your last Quarterly Report and is still there. You must also report anyone who moved out of your home or who has died since your last Quarterly Report.
6. **Convicted Drug Felons, Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is either avoiding or running from the law to avoid a felony prosecution, custody or confinement after conviction, or in violation of probation or parole. You must also report any household member who has been convicted of a drug felony for possession, use, manufacturing sale or distribution, of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities. For CalFresh you must report felonies since August 22, 1996 and for cash aid list convictions that happened after January 1, 1998.
7. **Reduced Hours of Work:** If you are an Able-Bodied Adult Without Dependents (ABAWD), you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you expect your work hours to drop below these limits during the next three months.

For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Non-Assistance CalFresh Quarterly Reporting

If you only get CalFresh benefits you must report when:

1. Anyone in the household moves to another address, plans to move or gets a new mailing address.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for a family of your size. Your county worker will tell you the IRT limit for a family of your size. If your family only gets unearned income or only gets CalFresh benefits, you will only be required to report income on your Quarterly Eligibility Report (QR 7).
2. Anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is in violation of probation or parole.
3. Anytime you move you must report your address change so that the county will know where to send your benefits, Quarterly Report forms and notices.

Reporting information voluntarily for CalWORKs and CalFresh Quarterly Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification. Even if you have already reported something to the County, you must also report it on your next Quarterly Report (QR 7).

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Additional examples for CalFresh only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your CalFresh can be refigured).

Additional information for CalFresh Only Households

If you receive CalFresh benefits and you voluntarily report income that has increased, and it is above the gross income level for your household size, your benefits may be discontinued.

Note that if you receive only CalFresh benefits: (1) you do not have to report any increases in income during the quarter; and, (2) when you report changes to the county or in between written quarterly reports, you must also report the change on your next QR 7.

At anytime you can ask the county to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the county to discontinue certain benefits, such as: Medi-Cal or CalFresh. Receiving Medi-Cal/or CalFresh only will not count against your cash aid time limits.

Other changes for quarterly reporting:

There are other changes that will cause the county to decrease or discontinue your benefits during the quarter in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 48-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

CALFRESH CHANGE REPORTING

For CalFresh Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs only if you move.
7. Anyone buys, gets, sells, or gives away a licensed motor vehicle.
8. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
9. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
10. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is in violation of probation or parole.
11. Any household member convicted of a drug-related felony after August 22, 1996, for manufacturing, sale or distribution of a controlled substance(s), or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

For CalFresh Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to receive

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations. (Manual of Policies and Procedures Sections 40-105.4; 40-105.5).

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

If all the adults in the household meet at least one of these exemptions, ask your worker about applying for an exemption.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of your gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your maximum aid payment (MAP) will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are exemptions to the rule. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

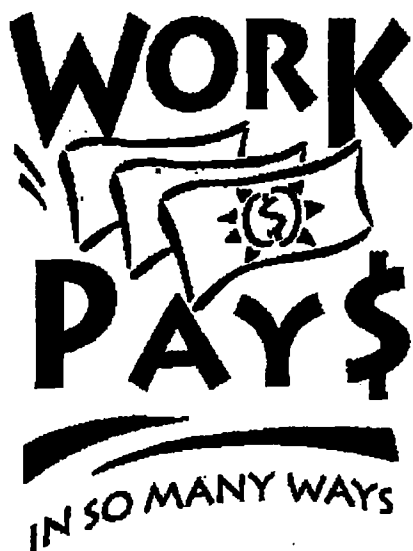
Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

You can work and still get cash aid:

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 7 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.

Work and Training Rules

Your worker will tell you what cash aid and/or CalFresh work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, CalFresh, or both. More than one member of a household can be required to follow cash aid and/or CalFresh work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or CalFresh, as long as they remain eligible. But, the amount of cash aid or CalFresh they get may change.

Cash Aid Work Rules

If you get cash aid and CalFresh benefits or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and CalFresh benefits. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules for a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or you become excused. If your cash aid is stopped, your CalFresh benefits may also be stopped or reduced.

CalFresh Work Rules for Persons Not Receiving Cash Aid

If you only get CalFresh benefits, you may need to take part in certain employment and training activities to keep getting your CalFresh benefits. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The CalFresh work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

CalFresh Only Penalties

If you don't meet CalFresh work rules and you don't have a good reason, your CalFresh benefits will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your CalFresh benefits are stopped, you can only get them again at the end of the penalty or sooner if you become excused.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive CalFresh benefits and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a CalFresh household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, CalFresh benefits will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get CalFresh benefits for three months in a row without having to meet the rule. After that you can only get CalFresh benefits if you meet the work rule or get excused.

CalWORKs Income Disregards

The total amount of cash aid your family receives is based on your family size and any other income you may have. The law allows for some income to be disregarded when the total amount of cash aid you will receive is calculated.

- If your family gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If your family gets \$225 a month or less of DI, none of it will be counted as income and if you also have Earned Income (EI), any remaining amount of the \$225 disregard, up to \$112, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is your net countable income and is the amount that will be used to figure your cash aid.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND CALFRESH QUARTERLY REPORTING HOUSEHOLDS Budgeting Rules

The amount of cash aid and/or CalFresh benefits you can get depends on your income and allowable expenses. You will get a Quarterly Eligibility Report (QR 7) to fill out every three months. On the QR 7, you will need to report what income and expenses you had in the last month and what income and expenses you think you will have in the three months after you turn in your report. The income and expenses you expect to have in the next three months will be used to figure the amount of cash aid and/or CalFresh benefits you can get for those three months. Information that you put on the QR 7 about the past month will be used for the next three months if you don't expect your income or expenses to change.

For example, if you turn in a QR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May and June. If the income from February will stay the same, your cash aid and/or CalFresh benefits for April, May, and June will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you think you'll get in April, May, and June to figure your cash aid and/or CalFresh benefit amount for those months. This method is called prospective budgeting.

Property Limit CalWORKs:

There is a \$2000 limit on the value of the property (e.g. bank accounts, stocks, etc.) that your family can own and be eligible to receive CalWORKs benefits. If someone in your family is at least 60 years of age the limit is \$3000. Your residence and furniture are not part of the limit. You may own a vehicle worth up to \$4650. If your registered vehicle is worth more than \$4650, any value over that limit will count as part of your property limit unless the vehicle is used by your family for certain special reasons. Ask your worker what those reasons are. Any vehicle you have, that cannot be sold for more than \$1500, will not count towards your property limit. Your worker can explain to you how to figure the value of any vehicle.

CalFresh:

If you only get CalFresh benefits and do not get cash aid there is no property limit. For recipients who get both cash aid and CalFresh benefits, the CalWORKs property limits (above) will apply.

CASH AID ONLY 48-Month Time Limit

As of July 1, 2011 a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 48 months. All cash aid received from CalWORKs and/or cash aid received from Tribal TANF or any other state counts toward the 48-month total. Only cash aid received on or after January 1, 1998 counts toward the 48-month total. There are exceptions to this time limit and the limit does not apply to children.

Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

CALFRESH ONLY Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

MEDI-CAL/34-COUNTY CMSP ONLY Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than it is worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the state may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

Voter Registration: If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

Disqualification Penalties

Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

CalFresh Only

If your household receives CalFresh benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting CalFresh benefits.
- Don't trade or sell your EBT card.
- Don't alter your EBT card to get CalFresh benefits you are not entitled to get.
- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

CalFresh Penalties

If you do not follow CalFresh rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation;
- you traded or sold CalFresh benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
- you filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, your CalFresh benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

☐ Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS) _____

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:
 - ☐ Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$400 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

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If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

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- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

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- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
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APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A QR).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

☐ Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A QR)

- For cash aid:
☐ Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)

Date

Signature (Other Parent Living in the Home, Registered Domestic Partner)

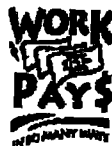
Witness, if You Signed With An "X"

Date

Eligibility Worker's Signature

Eligibility Worker's Number

Date



RIGHTS, RESPONSIBILITIES AND OTHER IMPORTANT INFORMATION

For the Cash Aid and CalFresh Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)

These pages give you your rights and responsibilities and other important information. The county needs your facts to see if you are eligible for cash aid, CalFresh benefits, and/or Medi-Cal/34-County CMSP and to figure how much you will get if you are eligible. If you need more information or have questions, ask your worker.

Cash Aid includes California Work Opportunity and Responsibility to Kids (CalWORKs) and Refugee Cash Assistance (RCA).

Medi-Cal/34-County CMSP Includes Full Medi-Cal/34-County CMSP benefits and Restricted Medi-Cal/34-County CMSP emergency and pregnancy related care only.

YOUR RIGHTS

1. To be treated equally without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age. You may file a complaint of discrimination if you feel you have been discriminated against by first speaking with your county's designated civil rights representative or by writing to the

State Civil Rights Bureau
744 P Street, MS 8-16-70
P.O. Box 944243
Sacramento, CA 94244-2430

or by calling toll free 1-866-741-6241 or for the hearing impaired TDD 1-800-688-4486.
2. To get help applying for or continuing to receive cash aid, benefits and services if you have a disability. If you need help because of a disability, tell the county.
3. To ask for help to complete your application or any other cash aid, CalFresh, or Medi-Cal/34-County CMSP form.
4. To ask for an interpreter and to have forms and notices translated if you don't speak or read English.
5. To be treated with courtesy, consideration and respect.
6. To be interviewed promptly by the county when you apply and to have your eligibility determined within 45 days for cash aid and Medi-Cal/34-County CMSP (or 90 days for Medi-Cal if a determination of disability is required) and within 30 days for CalFresh benefits.
7. To discuss your case with the county and to review your case yourself when you request to do so.
8. To be told the rules for getting cash aid right away. If we think you might be eligible, you will get an interview within one day.
9. To be told the rules for getting CalFresh benefits right away. If we think you might be eligible to get them right away, you will get an interview immediately and get CalFresh benefits within three days.
10. To get Medi-Cal/34-County CMSP as soon as possible if you have a medical emergency or are pregnant, if eligible.
11. To continue getting cash aid and Medi-Cal benefits without a break if you move from one county to another if you stay eligible.
12. To be told the rules for retroactive Medi-Cal eligibility.
13. To lower any current Share of Cost you may have by giving the county past unpaid medical bills you still owe, when you apply for Medi-Cal.
14. To choose prepaid health plan (PHP), fee-for-service coverage (if available), Health Maintenance Organization (HMO), or Medi-Cal when eligible for Medi-Cal.
15. To ask to have your Medi-Cal Benefits Identification Card (BIC), or EBT card replaced if lost in the mail, damaged, or destroyed. The county will tell you if you are eligible.
16. To ask for extra money if your income drops or stops (cash aid only).
17. To ask for payments for clothing, housing or essential household items which are lost, damaged or otherwise unavailable due to sudden and unusual circumstances (cash aid only).
18. To ask for payments for ongoing special needs like a special diet, transportation for ongoing medical care, special laundry service, telephone for the hard of hearing, high utility bills, etc. (cash aid only).
19. To be notified in writing when your application is approved, denied, or when your benefits change or stop.
20. To have your records kept confidential by the county and state, unless you are getting cash aid or CalFresh benefits and there is a felony arrest warrant issued for you, or as otherwise provided by law.
21. To talk with someone from the county or file a formal complaint with the state if you don't agree with an action taken by the county. You may call toll-free at 1-800-952-5253 or for the hearing impaired, TDD 1-800-952-8349.
22. To ask for a State Hearing within 90 days of the county's action for cash aid, CalFresh and Medi-Cal.
23. To ask for a State Hearing, you can write to your county or call the State toll-free telephone numbers listed in Item 21 above.
24. To be represented at a State Hearing by yourself, a household member, friend, attorney, or other person of your choice. NOTE: You may get free legal help at your local legal aid office or welfare rights group.
25. To have reasonable access to a location where you can withdraw your cash benefits with minimal or no costs.
26. To get a brochure that will tell you how to use your EBT card and how to get your cash benefits at minimal or no costs.
27. To get a list of surcharge-free ATMs and stores where you can get cash back at no cost when you make a purchase with your EBT card. You can get a list of these locations from your county worker or at www.ebt.ca.gov.

YOUR RESPONSIBILITIES

Citizenship/Immigration Status

To sign under penalty of perjury that each person applying for cash aid and CalFresh benefits is a U.S. citizen, U.S. national, or has lawful immigration status. We will check the immigration status information with the U.S. Citizenship and Immigration Services (USCIS) to make sure the person is eligible. For CalFresh, if there are people in your home who are not applying for CalFresh benefits, you do not have to provide their citizenship or immigration status.

If you want Medi-Cal/34-County CMSP, you must provide a declaration of citizenship/immigration status under penalty of perjury. If you say you are a noncitizen with lawful permanent residence (LPR) in the U.S., an amnesty alien with a valid and current I-688 or a noncitizen permanently residing under color of law (PRUCOL), your immigration status will be checked with the USCIS. The information the USCIS gets to verify the immigration status of the applicant can only be used to determine Medi-Cal/34-County CMSP eligibility, and cannot be used for immigration enforcement, unless you are committing fraud.

Fingerprint/Photo Imaging

All eligible adult household members for cash aid, and any adult applying for a child-only grant, must be fingerprint/photo imaged. If you are required to meet this rule but do not get fingerprint/photo imaged, the entire household will not get cash aid benefits. (Manual of Policies and Procedures (MPP) Section 40-105.3.)

The fingerprint/photo images are confidential. We can only use them to prevent fraud or to bring a criminal case against you for welfare fraud.

Social Security Number (SSN) Rules

The SSNs will be used in a computer match to check income and resources with records from tax, welfare, employment, the Social Security Administration and other agencies. Differences may be checked out with employers, banks or others. Making false statements or failing to report all facts or situations which affect eligibility and aid payments for cash aid, CalFresh and Medi-Cal/34-County CMSP may result in repayment of benefits and/or criminal or civil action.

Cash Aid and CalFresh Benefits: You must give us the SSN for each applicant or recipient of cash aid and/or CalFresh. If you refuse to give us either a SSN or proof of application for a SSN, you will not be able to get cash aid or CalFresh benefits. For CalFresh, if there are people in your home who are not applying for CalFresh benefits, you do not have to provide their SSN. For cash aid, you must give proof of application for a SSN within 30 days of application for cash aid and give the SSN to the county when you get it. (MPP Section 40-105.2.)

Each applicant for Medi-Cal/34-County CMSP, who says he/she is a U.S. citizen, a U.S. national, LPR in the U.S., an amnesty alien with a valid and current I-688, or PRUCOL, will be disqualified from getting Medi-Cal if he/she refuses to give either a SSN or proof of application for a SSN. Any noncitizen who does not have a SSN and who is not an amnesty alien with a valid and current I-688 or a LPR or PRUCOL, can still get restricted Medi-Cal/34-County CMSP if he/she meets all eligibility rules, including California residency.

Verification(s)

To give proof to support your eligibility. If you can't get proof, we will help you get it. You may need to sign a release for third party information or sign a sworn statement. (MPP Sections 40-105.1; 40-157.212; 40-157.213)

Cooperation

To cooperate with county, state and federal staff. For cash aid, a county worker can come to your home at an arranged time to check out your facts, including seeing each family member. You may not get benefits or your benefits may be stopped if you don't cooperate.

CASH AID AND MEDI-CAL

To apply for any benefits or income anyone is eligible to get, such as: Unemployment (UIB) or Disability benefits, Veterans benefits, Social Security or Medicare, etc.

Child/Spousal and Medical Support

To cooperate with the county and the Local Child Support Agency to:

- Identify and locate any absent parent in your case;
- tell the county or the Local Child Support Agency anytime you get information about the absent parent, such as place of residence or work location;
- determine the paternity of any child in your case when needed;
- get medical support money from any absent parent and, if you get cash aid, get child support money;
- give the Local Child Support Agency any medical support money and, any child/spousal support money you get;
- tell the county about medical coverage or money for medical services paid by the absent parent.

Your cash aid will be lowered if you fail to cooperate without a good reason. (MPP Sections 40-157.212; 40-157.213).

MEDI-CAL

Benefits Identification Card (BIC)

- To sign your BIC when you get it and to use it only to get necessary health care services.
- **To never throw your BIC away** (unless we give you a new BIC). You need to keep your BIC even if you stop getting Medi-Cal. You can use the same BIC if you get cash aid or Medi-Cal again.
- To take the BIC to your medical provider when you or a family member is sick or has an appointment.
- To take the BIC to the medical provider who treated you or your family member(s) in an emergency situation as soon as possible after the emergency.

Health Care Coverage/Insurance

- To tell the county and any health care provider of any health care coverage/insurance you or a family member have.
- To keep any health insurance available to you and your family at no or reasonable cost.
- To use any prepaid health plans, health maintenance organization or health care insurance plans you have before using Medi-Cal/34-County CMSP, unless the plan does not offer the medical service needed. You need to use them because Medi-Cal will not pay for any service paid for and/or provided by these medical insurance plans.
- To enroll and stay enrolled in an employment-related group health plan when Medi-Cal approves payment of plan premiums by the State of California.

YOUR REPORTING RESPONSIBILITIES

You must report certain information to the county. If you're not sure how to report, what to report, or what proof we need, ask your worker. If you get CalFresh benefits, your worker will tell you if you are a semi-annual or change reporting household. If you get Medi-Cal/34-County CMSP, the county will tell you when you must report. (MPP Section 40-181).

HOW YOU MUST REPORT

For Cash Aid and CalFresh Semi-Annual Reporting, in addition to your annual SAWS 2 you must turn in a Semi-Annual Eligibility Report (SAR 7) by the fifth day of the month following your report month and report all required changes to the county within 10 days.

For CalFresh Change Reporting, you must report all changes within 10 days:

- by mail, telephone, or in person at the county CalFresh office; OR
- on the SAR 3 or AR 3; OR
- on a DFA 377.5, CalFresh Household Change Report

For Medi-Cal, you must report all changes within 10 days AND turn in a complete Status Report by the 5th of the month when the county sends or gives it to you.

WHEN YOU MUST REPORT

For Cash Aid and CalFresh Semi-Annual Reporting

Semi-Annual Reporting (SAR) rules say that you must report certain things two times each year. The first report will be your application or redetermination/recertification (RD/RC) on your statement of facts (SAWS 2) form. The second report will be the Semi-Annual Eligibility Report (SAR 7). The SAR 7 report is always due by the 5th day of the sixth month following your application or annual RD/RC and will be considered late if not received by the 11th day of the month. If your SAR 7 is late you will have to pay back any cash aid or CalFresh that you were not supposed to get. You will have to report gross income, as well as any changes in your gross income that you are sure will happen in the next six months, changes in the number of people in your household and information about any new household member, and any property bought or sold by people in your household. The report month will be on the top of the SAR 7 form. If you do not turn in a completed SAR 7 by the end of the first working day of the month after the month your report is due, your household's benefits will be stopped. If you turn in your complete SAR 7 at any time in the month following the month your SAR 7 is due, your household's benefits will be started again from the date you turn it in, if you are still eligible.

What you must report on the Semi-Annual Report (SAR 7):

1. **Earned Income:** All gross earned income you or anyone in your household got in the report month. This includes wages; tips; vacation pay; cash bonuses; In-Home Supportive Services (IHSS); money from self-employment or from a training program; also any income in kind you or anyone in your household got in exchange for work, such as free rent, clothing or food.

2. **Unearned or Disability Based Income:** All other income you or anyone in your household got in the report month. This includes child/spousal support; interest or dividends; gambling/lottery winnings; insurance or legal settlements; strike benefits; cash, gifts, loans scholarships; tax refunds; any government benefits, like Social Security, Supplemental Security Income/State Supplementary Payment (SSI/SSP), unemployment, worker's compensation, state disability indemnity (SDI), veterans or railroad retirement, or other private or government disability or retirement; rental income and rental assistance; free housing/utilities/clothing/food; or any other type of money you or anyone in your household got. You must also report on your SAR 7 any changes in income that you are sure will happen during the next six months. This includes earned, unearned and disability based income changes.

3. **Property:** Any property including: motor vehicles; bank accounts; savings bonds; insurance policies; a home or land; trust; EBT cash balance, etc. that you or anyone in your household has gotten since you last reported and still has, whether it was bought, gotten through a trade or as a gift. The county will use this information to decide if your household exceeds the property limit. You must also report if you or anyone sold, traded or gave away any property since you last reported.

4. **If You Move or Someone Moves Into or Out of Your Home:** Anyone (including newborns) who moved into your home since you last reported and is still there. You must also report anyone who moved out of your home or who has died since you last reported.

5. **Convicted Drug Felons, Fleeing Felons and Probation/ Parole Violators:** The name of anyone in your household who is hiding or running from the law to avoid prosecution, being taken into custody, or going to jail for a felony crime or attempted felony crime. The name of anyone in your household who has been found by a court of law to be in violation of probation or parole. You must also report any household member who has been convicted of a drug felony for possession, use, manufacturing, sale, or distribution, of a controlled substance, or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in these activities. For CalFresh you must report felonies that happened since August 22, 1996 and for cash aid list convictions that happened after January 1, 1998.

6. **Reduced Hours of Work:** If you are between 19 and 50 and you are not caring for minor children, you must report when your hours of work drop below 20 hours a week or 80 hours a month. You must also report if you know your work hours will drop below these limits during the next six months.

For Medi-Cal/34-County CMSP, you must report when:

1. Anyone enters or leaves a nursing home or long term care facility.
2. Anyone applies for disability benefits, such as SSI/SSP, Social Security, Veterans, or Railroad Retirement.
3. Anyone gets health care services that result from an accident or injury due to someone else's action or failure to act.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

For Non-Assistance CalFresh Semi-Annual Reporting

If you only get CalFresh benefits you must report when:

1. Anytime that your household's total gross monthly income is more than the Income Reporting Threshold (IRT) for your household size. Your IRT is 130% of the Federal Poverty level for your household size. The county will tell you your IRT.
2. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

For CalWORKs you must report certain changes at other times:

In certain circumstances you will be required to report things (within ten days of the change) even if it is not your "report month" such as:

1. Anytime that your family's combined gross income (both earned and unearned) is more than the Income Reporting Threshold (IRT) for your family. The county will tell you your IRT. If your family only gets unearned income, you will only be required to report income on your Semi-Annual Eligibility Report (SAR 7) and your annual RD/RC (SAWS 2).
2. Anytime that someone in your household is convicted of a drug related felony, becomes a fleeing felon or is found by a court to be in violation of probation or parole.
3. Anytime you move you must report your address change so that the county will know where to send your SAR 7 and other notices.

Reporting information voluntarily for CalWORKs and CalFresh Semi-Annual Reporting:

You may also report other information voluntarily even when it is not your "report month." Reporting information voluntarily may cause your household's benefits to go up. If the information reported causes your benefits to go up, the county will take action within ten days after you provide verification. One exception is when the increase results from adding another person to your case. In that situation, the county will take action to increase benefits the first of the month after you provide verification.

Some examples of voluntary reporting that may cause your benefits to go up include:

- Your income stops or drops.
- Someone who has little or no income moves into your home (including a newborn).
- Someone who has income moves out of your home.
- You believe that you or someone in your household is eligible for a CalWORKs Special Needs payment, such as pregnancy special needs or a qualifying special diet.

Additional examples for CalFresh only:

- A household member begins to pay court ordered child support for a child not living in the home.
- A household member is 60 or older.
- Any member who is disabled or 60 years of age or older has changes in or new medical expenses (if verified your CalFresh can be refigured).

At anytime you can ask the county to discontinue your entire case or any individual person who has left the home or is not required to be in the assistance unit. You can also ask the county to discontinue certain benefits, such as: Medi-Cal or CalFresh. Receiving Medi-Cal/or CalFresh only will not count against your cash aid time limits.

Additional Information for CalFresh Only Households

If you receive only CalFresh benefits and you voluntarily report that someone has moved into or out of your home, the county will act on that change even if it results in a decrease to your CalFresh benefits.

Other changes for Semi-Annual Reporting:

There are other changes that will cause the county to decrease or discontinue your benefits during the period in which they happen. Here are some examples:

- An adult in the household reaches the CalWORKs 48-month time limit;
- A household member is sanctioned/penalized;
- A child reaches the age of 18 (and will not graduate from high school before the age of 19);
- Someone in your household begins receiving benefits in another household;
- An eligible child is placed in Foster Care;
- Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

CALFRESH CHANGE REPORTING

For CalFresh Change Reporting, you must report when:

1. Your total monthly income starts, stops, or changes by more than \$50.
2. Anyone's source of income changes.
3. Anyone moves into or out of your home.
4. Anyone joins or leaves your household.
5. You move or you get a new address.
6. Your rent and utility costs **only** if you move.
7. If there is a change in the amount of any court ordered child support paid by a member of the household for a child not living in the home.
8. Anyone who is an Able Bodied Adult Without Dependents (ABAWD) CalFresh recipient and the number of hours they work or are in training drop to less than 20 hours a week or 80 hours a month.
9. Any member of your household is avoiding or running from the law to avoid any felony prosecution, custody or confinement after conviction, or is found by a court to be in violation of probation or parole.
10. Any household member convicted of a drug-related felony after August 22, 1996, for manufacturing, sale or distribution of a controlled substance(s), or any activity in connection with these unlawful acts, or harvesting, cultivating or processing marijuana, or involving a minor in the above activities.

For CalFresh Change Reporting, you may report when:

1. Anyone's physical or mental illness begins or ends.
2. Anyone's citizenship/immigration status changes or anyone gets a letter, form or new card from the USCIS.
3. You have changes in your dependent care costs.
4. Any member who is disabled or age 60 or older has changes in or new medical expenses. If verified, your allotment can be refigured.
5. Any household member starts to pay court ordered child support for a child not living in the home.

CalWORKs Annual Reporting for Certain Child-Only Cases (AR/CO)

Most CalWORKs cases where only the children get cash aid will only have to report once each year except for a few mandatory changes that must be reported within 10 days of when they happen. These cases are called Annual Reporting/Child-Only (AR/CO) cases. The County will tell you if you have an AR/CO case.

AR/CO cases will only have to report changes at their Annual RD, with the following exceptions:

- Anytime your family's combined gross income, both earned and unearned is more than the Income Reporting Threshold (IRT) for your family. The County will tell you in writing what your IRT is.
- Anytime someone moves into or out of your home. This includes newborns and children who are placed in foster care.
- Anytime you have an address change.
- Anytime that someone joins or is in your household that is convicted of a drug related felony, becomes a fleeing felon or is found by a court to be in violation of probation or parole and it was not already reported.

CalWORKs AR/CO Cases Who Receive CalFresh

CalFresh households who are part of a CalWORKs AR/CO case will report semi-annually. See Pages 3 and 4 of this notice for semi-annual reporting responsibilities.

Voluntary Reporting Information for CalWORKs AR/CO cases and CalFresh Change Reporting Households

You can also report some changes voluntarily. Reporting some changes may help your cash aid go up. See page 4 of this notice for more information about voluntary reporting.

YOUR REPORTING RESPONSIBILITIES (CONTINUED)

IMPORTANT INFORMATION CASH AID ONLY

Unemployed Parent

If you are applying for cash aid as an unemployed parent, the principal earner (PE) must:

- be unemployed and not have worked in the preceding 4 weeks
- apply for and accept any unemployment insurance you are eligible to get

The PE is the parent who has the most earnings in the past 24 months.

Homeless Assistance

You may be eligible for money to help pay for temporary shelter, permanent housing or to prevent eviction. This is a once-in-a-lifetime payment unless you meet an exemption. If you have already received homeless assistance and need it again, your worker will tell you if you are eligible.

School Attendance and Immunizations

You must provide proof when requested by the county that:

- all school-age children are attending school, and
- children under the age of 6 have received age appropriate immunizations. (MPP Sections 40-105.4; 40-105.5).

Maximum Aid Payment (MAP)

There are two levels of Maximum Aid Payment (MAP). Most families getting cash aid get the lower MAP level. Families may get the higher MAP level if each parent or caretaker in the Assistance Unit (AU):

- is disabled and getting Supplemental Security Income/ State Supplemental Payments (SSI/SSP), or In-Home Supportive Services (IHSS), or State Disability Insurance (SDI), or Temporary Workers Compensation (TWC), or Temporary Disability Indemnity (TDI) benefits
- is caring for an aided child(ren) who is not their child and the caretaker does not get cash aid.

Also eligible for the higher MAP:

- a family who gets Refugee Cash Assistance (RCA) if each adult meets an exception.

Maximum Family Grant (MFG) Rule

The MFG rule applies to any child born after August 31, 1997. The MFG rule says that your cash aid grant will not go up to include a child born to your family, if your family got cash aid for the 10 months in a row right before the child's birth. There are situations where the rule does not apply. Your worker will give you a copy of the MFG rules and answer your questions. Then you will sign a copy that says you understand the rules.

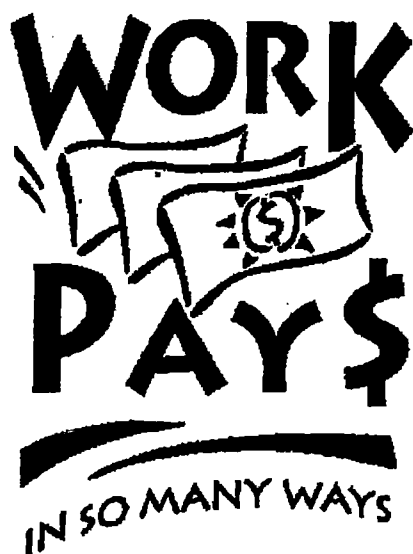
Proof of Facts

If you ask for cash aid within one year of the date it stopped, the county must look at your prior case file to see if it already has the proof needed to determine your eligibility when:

- you cannot get the proof, or
- there is a cost to you to get the proof, or
- processing your application would be delayed because it would take too long for you to get the proof.

If you ask for cash aid within one year of the date it stopped AND, if the county doesn't have the proof it needs, then you will have to provide proof.

If you have new changes since you last got cash aid, the county will need new proof.



Here's how **Work Pays**:

- Gives you more \$\$\$\$ to help support your family
- Builds a better life for you and your family
- Develops job skills
- Builds self-esteem
- Gives you personal satisfaction

You can work and still get cash aid:

- ✓ In most cases, when you work, your gross earnings (earnings before deductions) are not subtracted dollar for dollar from your cash aid payment. You may be eligible for **work related deductions**. When you add it up, you have more \$\$\$\$ for your family.
- ✓ When you have a **grant-based on the job training (OJT)** assignment, all or part of your cash aid payment is used by your employer to help pay your wages. You do not get work related deductions for grant based OJT wages.
- ✓ Either way, you may be eligible for child care costs that are paid to your provider.

See page 8 for facts about work and training rules, work incentives, including child care programs. Ask your worker for more facts about **Work Pays** and how **grant-based OJT** can work for you.

Remember, you can work and still get cash aid as long as you stay eligible and meet reporting rules in a timely manner.

Work and Training Rules

Your worker will tell you what cash aid and/or CalFresh work rules you need to follow before and after your application is approved. You may be required to be in work, training or education activities to keep getting your cash aid, CalFresh, or both. More than one member of a household can be required to follow cash aid and/or CalFresh work rules. If anyone becomes ineligible for not following work or training rules, other members of their household can still get cash aid or CalFresh, as long as they remain eligible. But the amount of cash aid or CalFresh they get may change.

Cash Aid Work Rules

If you get cash aid and CalFresh benefits or just get cash aid, you will need to take part in certain Welfare-to-Work activities to keep getting your cash aid and CalFresh benefits. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules. Welfare-to-Work activities include, but are not limited to, subsidized or unsubsidized work, work experience, community service, adult basic education, vocational training, and job search. Subsidized means that the county or some other funding source pays your employer for part of your wages.

The cash aid work rules also say you must:

- Sign a Welfare-to-Work plan;
- Take a suitable job that is offered to you;
- Not quit a job or reduce your earnings.

Sanctions for Not Meeting Cash Aid Work Rules

Any time you don't meet cash aid work rules and you don't have a good reason, your cash aid will be stopped until you do what you should do. After your cash aid is stopped or reduced, you can only get it back again if you meet the work rules that you had stopped meeting or if you become excused. If your cash aid is stopped, your CalFresh benefits may also be stopped or reduced.

CalFresh Work Rules for Persons Not Receiving Cash Aid

If you only get CalFresh benefits, you may need to take part in certain employment and training activities to keep getting your CalFresh benefits. These activities include job search, workfare, adult basic education, and vocational training. The county will tell you how many hours a week you must take part in these activities or if you are excused from these rules.

The CalFresh work rules also say you must:

- Answer questions about your job experience and ability to work;
- Check on a possible job we tell you about and take a suitable job that is offered to you;
- Not quit a job or reduce the number of hours you work to less than 30 hours per week.

CalFresh Only Penalties

If you don't meet CalFresh work rules and you don't have a good reason, your CalFresh benefits will be denied or stopped for one, three, or six months, depending on the number of times you stop meeting the rules. After your CalFresh benefits are stopped, you can only get them again at the end of the penalty or sooner if you become exempt.

Work Requirement for Able-Bodied Adults Not Receiving Cash Aid

If you only receive CalFresh benefits and you don't have minor children, there is another work rule which you also may need to meet. You do not have to meet this work rule if you are under age 18, over age 49, pregnant, or you are part of a CalFresh household with a minor child. You may be excused for other reasons that your county worker can explain. The work rule says that if you are an able-bodied adult, you must work at least 20 hours a week or 80 hours a month in paid employment, take part in a workfare project for the required number of hours, or take part in an approved training activity for at least 20 hours per week or 80 hours per month. During a period of 36 months, CalFresh benefits will stop if there are three months in which you do not meet the work rule. If you stop meeting the work rule a second time for reasons such as being laid off, you may be able to get CalFresh benefits for three months in a row without having to meet the rule. After that you can only get CalFresh benefits if you meet the work rule or get excused.

CalWORKs Income Disregards

The total amount of cash aid your family receives is based on your family size and any other income you may have. The law allows for some income to be disregarded when the total amount of cash aid you will receive is calculated.

- If your family gets more than \$225 a month of Disability Income (DI), only the first \$225 is disregarded.
- If your family gets \$225 a month or less of DI, none of it will be counted as income and if you also have Earned Income (EI), any remaining amount of the \$225 disregard, up to \$225, will not be counted as income.
- In addition, 50 percent of any other EI will be disregarded.
- The remainder is your net countable income and is the amount that will be used to figure your cash aid.

Treatment of Self-Employment

If you are self-employed, you will have a choice of figuring your business expenses based on a standard deduction of 40 percent of gross income or using actual business expenses. Once you choose a method of figuring your self-employed net income, you can only change that way of figuring expenses at redetermination or every six months whichever happens sooner.

CalWORKs Child Care Program

Child care benefits are available to recipients who need child care to work or participate in county-approved welfare-to-work activities such as attending education or job training programs.

California Department of Education (CDE) Child Care

Child care benefits are also available from CDE. Contact your local Resource and Referral Agency for more information.

Transitional Medi-Cal (TMC)

You may get Medi-Cal for up to 12 months if you go off cash aid because you are working. Your family must have gotten cash aid for at least three of the last six months before cash aid stopped. To get more than six months of TMC, your income must be under certain limits and you must meet TMC reporting rules.

OTHER IMPORTANT INFORMATION

CASH AID AND CALFRESH SEMI-ANNUAL REPORTING (SAR) HOUSEHOLDS Budgeting Rules

The amount of cash aid and/or CalFresh benefits you can get depends on your income and allowable expenses. You will get a Semi-Annual Eligibility Report (SAR 7) to fill out six months after your application and after every annual redetermination/recertification (RD/RC). On the SAR 7, you will need to report what income and expenses you had in the report month and any known changes you will have in the six months after you turn in your report. The report month will be on the top of your SAR 7. The income and expenses you have in the report month and any known changes will be used to figure the amount of cash aid and/or CalFresh benefits you can get for those six months. Information that you put on the SAR 7 about the report month will be used for the next six months if you don't expect your income or expenses to change.

For example, if you turn in a SAR 7 in March, you will report what income you had in February. You will also report any income changes you expect to have in April, May, June, July, August and September. If the income from February will stay the same, your cash aid and/or CalFresh benefits for April, May, June, July, August and September will be figured using that same income and expenses for each of those months. If your income and expenses will change, your worker will use the new income amounts you'll get in those months to figure your cash aid and/or CalFresh benefit amount for each month of the semi-annual period. This method is called prospective budgeting.

CASH AID ANNUAL REPORTING (AR) CASES AND CALFRESH CHANGE REPORTING HOUSEHOLDS WITH A CALWORKS AR CASE Budgeting Rules

Annual Reporting (AR) households will also use prospective budgeting except you will not have a regular report form like the SAR 7 for SAR households. AR households will report on their annual RD/RC forms any income, expenses and property they have and any changes they are sure will happen in the next 12 months. The information you provide will be used to figure your cash aid and CalFresh benefits for the next 12 months. There are some things that you will have to report within 10 days of when they happen. The mandatory reporting rules for AR cases and CalFresh change reporting households with an AR case are on page 5 of this form.

Property Limit

CALWORKS:

There is a \$2000 limit on the value of the property (e.g. bank accounts, stocks, etc.) that your family can own and be eligible to receive CalWORKS benefits. If someone in your family is at least 60 years of age or disabled the limit is \$3250. Your residence and furniture are not part of the limit. You may own a vehicle worth up to \$4650. If your registered vehicle is worth more than \$4650, any value over that limit will count as part of your property limit unless the vehicle is used by your family for certain special reasons. Ask your worker what those reasons are. Any vehicle you have, that cannot be sold for more than \$1500, will not count towards your property limit. Your worker can explain to you how to figure the value of any vehicle.

CalFresh:

For recipients who get both cash aid and CalFresh benefits the CalWORKS property limits (above) will apply. If you only get CalFresh benefits, the property limit for households without an elderly or disabled member is \$2000. The property limit for households with at least one member who is age 60 or older or disabled is \$3250.

The property limits may not apply if your household's gross income is not more than the CalFresh Income Reporting Threshold (IRT) for your household size. Your CalFresh IRT is 130 percent of the Federal Poverty Limit for your household size. The county will tell you the amount of your household's IRT.

CASH AID ONLY

48-Month Time Limit

As of July 1, 2011 a parent or caretaker relative is not eligible for cash aid when he/she has received cash aid for a total of 48 months. All cash aid received from CalWORKS and/or cash aid received from Tribal TANF or any other state counts toward the 48-month total. Only cash aid received on or after January 1, 1998 counts toward the 48-month total. There are exceptions to this time limit and the limit does not apply to children.

Resources/Electronic Benefits Transfer (EBT)

Any balance remaining in the EBT account at the end of the month will be considered an available resource and could make your household ineligible for cash aid if your total countable resources are more than the allowable resource limits.

Transfer of Assets Rule

Recipients can sell, exchange or change the form of their property holdings, if they get fair market value for the property (asset). If they do not get fair market value for the asset, the family will get a period of ineligibility. The period of ineligibility is figured by subtracting the amount received from the fair market value of the asset and then dividing that amount by the need standard for the family. The amount is rounded down to the next lower whole number.

CALFRESH ONLY Utility Allowances

You will be allowed a Standard Utility Allowance (SUA) deduction if you have heating and cooling costs. If you have utility costs other than heating or cooling, such as water, sewer and garbage, you will be given a Limited Utility Allowance (LUA) deduction. If you only have a telephone cost, you will be given a Telephone Utility Allowance (TUA) deduction. The SUA, LUA and TUA are used to reduce your income, which helps you get more benefits.

MEDI-CAL/34-COUNTY CMSP ONLY Spending Down Excess Property

- If you get or apply for Medi-Cal/34-County CMSP Only and you have more property than the rules allow, you may lower it by the last day of any month, including the month of application. For Medi-Cal you may spend your excess property in any manner you want. But you may not be eligible for nursing facility level of care for a period of time if you sell or give away any property for less than its worth, and you apply for or receive Medi-Cal nursing facility level of care within 30 months of the transfer.
- You may not be eligible for 34-County CMSP if you sell or give away any property for less than its worth.

Resources And Property

- All Medi-Cal benefits received after age 55 are subject to recovery from a deceased Medi-Cal recipient's estate. However, recovery may not exceed the value of the estate. Recovery may not occur if the beneficiary is survived by a spouse. The state may not claim the proportionate share of an estate left to a minor child or a totally disabled adult child. In addition if recovery would cause an undue hardship for any other heirs and that hardship can be demonstrated, recovery may be waived in full or in part.
- If you are institutionalized and your home or former home is not exempt, the state may record a lien against your property to repay the cost of medical care covered by Medi-Cal.

AVAILABLE SERVICES

Women, Infants and Children (WIC) Supplemental Nutrition Program: The WIC Program is only for pregnant and breast feeding women, infants and children under age 5, who are at medical-nutritional risk. For more facts about WIC, call your local county health department or the phone number for "WIC" in the telephone book.

Voter Registration: If you want to register to vote, ask your worker to send you a registration form. If you need help filling it out, ask your worker. You can mail the form yourself. Your eligibility for aid will not be affected whether or not you register. Your worker will not tell you how to vote.

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$950 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

Disqualification Penalties

Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

CalFresh Only

If your household receives CalFresh benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting CalFresh benefits.
- Don't trade or sell your EBT card.
- Don't alter your EBT card to get CalFresh benefits you are not entitled to get.
- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

CalFresh Penalties

If you do not follow CalFresh rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation;
- you traded or sold CalFresh benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
- you filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, your CalFresh benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION	ELIGIBILITY WORKER'S CERTIFICATION
• I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing. • I understand my rights and responsibilities and agree to comply with my responsibilities. • I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost. • I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A). • I also certify that, if I applied for or get cash aid, I got a copy of the following: ☐ Welfare to Work Informing Notice (WTW 5) (APPLICANT/RECIPIENT'S INITIALS) • I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.	I certify that the applicant/recipient appears to understand: • his/her rights and responsibilities and • the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP I also certify that the applicant/recipient was given a copy of: • The Rights, Responsibilities, and Other Important Information (SAWS 2A) • For cash aid: ☐ Welfare to Work Informing Notice (WTW 5) • For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.
Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living in the Home, Registered Domestic Partner)	Witness, if You Signed With An "X"
Eligibility Worker's Signature	Eligibility Worker's Number
	Date

PENALTY WARNINGS

If on purpose you don't report all facts or give wrong facts to get or keep getting benefits, you can be legally prosecuted, and can be charged with committing a felony if more than \$950 is wrongly paid out for cash aid, CalFresh benefits, or Medi-Cal because you did not report all of your facts or changes in income, property, or family status. And you can be disqualified from getting cash aid or CalFresh benefits.

Disqualification Penalties

Cash Aid and CalFresh

Disqualification penalties start after a state hearing or court of law finds that the individual has committed an Intentional Program Violation (IPV). Also, anyone who is accused of committing an IPV may agree to be disqualified by signing an Administrative Disqualification Consent Agreement or an Disqualification Hearing Waiver. Anyone who signs one of these documents gives up any hearing rights and accepts responsibility to repay any cash aid overpayment and/or CalFresh overissuance.

Cash Aid Penalties

If you do not follow cash aid rules, you may be fined up to \$10,000 and/or sent to jail/prison for 5 years.

And if you are found guilty by court of law or an administrative hearing of committing certain types of fraud, your cash aid can be stopped for 6 months, 12 months, 2 years, 4 years, 5 years or forever.

CalFresh Only

If your household receives CalFresh benefits, it must follow these rules:

- Don't give wrong or incomplete facts to get or keep getting CalFresh benefits.
- Don't trade or sell your EBT card.
- Don't alter your EBT card to get CalFresh benefits you are not entitled to get.
- Don't use CalFresh benefits to buy ineligible items such as alcoholic drinks, tobacco, paper, or cleaning products.
- Don't use someone else's EBT card for your household.

CalFresh Penalties

If you do not follow CalFresh rules, your benefits can be stopped for 12 months for the first violation, 24 months for the second, and forever for the third. You may be fined up to \$250,000 and/or sent to jail/prison for 20 years. If you are found guilty in any court of law or administrative hearing because:

- you traded or sold CalFresh benefits for firearms, ammunition, or explosives, your CalFresh benefits can be stopped forever for the first violation;
- you traded or sold CalFresh benefits for controlled substance, your benefits can be stopped for 24 months for the first violation and forever for the second;
- you traded or sold CalFresh benefits that were worth \$500 or more, your CalFresh benefits can be stopped forever;
- you filed two or more applications for CalFresh benefits at the same time and gave the county false identity or residence information, your CalFresh benefits can be stopped for 10 years.

APPLICANT/RECIPIENT CERTIFICATION

- I understand that one of the intended purposes for the cash aid is to help meet the basic needs of my family, including housing, food, clothing.
- I understand my rights and responsibilities and agree to comply with my responsibilities.
- I also understand the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect my eligibility or benefit level for cash aid or CalFresh, and/or my Medi-Cal/34-County CMSP share of cost.
- I certify I was given a copy of The Rights, Responsibilities, and Other Important Information (SAWS 2A).

- I also certify that, if I applied for or get cash aid, I got a copy of the following:

☐ Welfare to Work Informing Notice (WTW 5)

(APPLICANT/RECIPIENT'S INITIALS)

- I also certify that if I applied for Medi-Cal/34-County CMSP, I got a copy of the MC 219 /CMSP 219 and its contents were explained to me.

ELIGIBILITY WORKER'S CERTIFICATION

I certify that the applicant/recipient appears to understand:

- his/her rights and responsibilities and
- the penalties for giving incomplete or wrong facts, or for failing to report facts or situations that may affect his/her eligibility or benefit level for cash aid or CalFresh, and/or share of cost for Medi-Cal/34-County CMSP

I also certify that the applicant/recipient was given a copy of:

- The Rights, Responsibilities, and Other Important Information (SAWS 2A)

- For cash aid:
 - ☐ Welfare to Work Informing Notice (WTW 5)

- For Medi-Cal/34-County CMSP: the MC 219/CMSP 219 and that its contents were explained to him/her.

Signature (Parent or Caretaker Relative, CalFresh Household Member or Authorized Representative, Medi-Cal/34-County CMSP Applicant/Beneficiary)	Date
Signature (Other Parent Living In the Home, Registered Domestic Partner)	Witness, If You Signed With An "X" Date
Eligibility Worker's Signature	Eligibility Worker's Number Date

IMPORTANT INFORMATION - PLEASE READ

New Reporting Requirements for Cash Aid and CalFresh

The county is changing from Quarterly Reporting to Semi-Annual Reporting. Below are the changes that will be coming soon. We will tell you when these new rules start.

Reporting Form

Before, you turned in a QR 7 every 3 months. **Soon you will only need to turn in a report once every 6 months.**

The 6-month report form is called the SAR 7. The other report will be your annual redetermination/recertification (RD/RC) form.

The SAR 7 is due 6 months after your annual RD/RC. It is always due on the 5th day of the month. If you do not turn in your **complete SAR 7** by the end of the first working day of the next (7th) month, **your aid will stop.**

Example: You completed your annual RD/RC in February. Your SAR 7 will be due 6 months later, on August 5th. You have to get your completed SAR 7 to your worker no later than the first working day in September or your benefits will stop. You will lose aid unless you had a good reason for being late.

Just like with your QR 7, you must answer all the questions on the SAR 7, attach proof, sign and date it, and return it by the date listed on the report.

Changes to the Income Reporting Threshold (IRT) Rules

The IRT is the amount of total monthly income that you have to report **within 10 days**. By "total monthly income" we mean any money you get. Any time your IRT changes, the county will let you know in writing.

For Cash Aid: The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Before, we would stop your benefits if your total income was over the IRT. Under the new rules, when you report income over your IRT, the county may lower or stop your benefits.

Example: If your IRT is \$900 and you get income of \$800 you do not have to report the change until your next report is due. If you get income of \$901 or more you must report it to your worker within 10 days. Your benefits will go down and your worker will give you a new IRT.

For CalFresh: Before, you did not have an IRT. Soon you will have an IRT based on your household size. When you report income over your IRT, the county may stop your benefits.

Other Mandatory and Voluntary Reporting Rules are the same.

Voluntary reports may increase your benefits.

IMPORTANT INFORMATION - PLEASE READ

New Reporting Requirements for Cash Aid and CalFresh

The county is changing from Quarterly Reporting to Semi-Annual Reporting. The changes that are coming soon are listed below. We will tell you when these new rules start.

Reporting Form

Before, you turned in a QR 7 every 3 months. **Soon you will only need to turn in a report once every 6 months.**

The 6-month report form is called the SAR 7. The other report will be your annual redetermination/recertification (RD/RC) form.

The SAR 7 is due 6 months after your annual RD/RC. It is always due on the 5th day of the month and is late on the 11th day of the month. If you do not turn in your **complete** SAR 7 by the end of the first working day of the next (7th) month, **your aid will stop.**

Example: You completed your annual RD/RC in February. Your SAR 7 will be due 6 months later, by August 5th. Your benefits will stop if you do not get your completed SAR 7 to your worker before the end of the first working day in September. You will lose aid unless you had a good reason for being late.

Just like with your QR 7, you must answer all the questions on the SAR 7, attach proof, sign and date it, and return it by the date listed on the report.

Changes to the Income Reporting Threshold (IRT) Rules

The IRT is the amount of total monthly income that you have to report **within 10 days**. By "total monthly income" we mean any money you get. Any time your IRT changes, the county will let you know in writing.

For Cash Aid: The amount of income that you have to report within 10 days is changing. The IRT is based on your total income and the number of people in your household. Under the new rules, when you report income over your IRT, the county may lower or stop your benefits. (Before we would only stop your benefits.)

Example: Your IRT is \$900 and you get income of \$800, you do not have to report the change until your next report is due. If your income was \$901 or more, you must report it to your worker within 10 days. Your benefits will go down and your worker will give you a new IRT, or send you a discontinuance notice.

For CalFresh: Before, you did not have an IRT. Soon you will have an IRT based on your household size. When you report income over your IRT, the county may stop your benefits.

Other Mandatory and Voluntary Reporting Rules are the same.

Voluntary reports may increase your benefits. Some changes you report voluntarily may result in a decrease in your CalFresh benefits.